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item of information carefully. death clearly and legibly.

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every causes

# Supply please write the UNFADING INK. Physicians: WITH important. PLAINLY especially WRITE 100 OR age TYPE correct

PLEASE

MARYLAND STATE DEPARTMEN	T OF HEALT	H—BALTIMORE, 18	8 99848
9862 CERTIFICATE	E OF DEA	TH Reg. D	Dist. No. 2 17
1. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME) OF DECEA	SED:
COUNTY Montgomery MARYLAND		ryland county Mon	
CITY (If outside corporate limits, write RURAL or and give nearest town)  Olney  LENGTH OF STAY (in this place)	OR	ckville	L and give nearest town)
HOSPITAL OR INSTITUTION OR Mont. Gounty Gen. Hosp., Inc.	STREET ADDRESS RO	(If rural give location ute #2	on)
DECEASED: Bertha (Type or Print)	(Last) Adams	4. DATE (Month) OF DEATH:	(Day) (Year) 25 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED. DIVORCED. Colored (Specify): Married	of BIRTH:	9. AGE last birthday IF UNDE: Months	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  HSWf.	ri. BIRTHPLACE Marvla	(State or foreign country):	12. CITIZEN OF WHAT
13. FATHER'S NAME: Auknowy	14. MOTHER'S M		
18. WAS DECEASED EVER IN U.S. ARMEO FORCES: 18. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT	& ADDRESS:	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HARDINAL CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	actiles +	Hepertenon	INTERVAL BETWEEN ONSET AND DEATH  300200
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE INJURY OCCU		ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/2 alive on 19/2 S, and that death occurred at SIGNATURE  23. BURIAL. CREMATION, DATE THEREOF NAME OF MET.  DATE REC D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	205 PM, from t ADDRES	the causes and on the da	125/55
10-29-5-5 Kerting 1) fawler	Marken	VI answer	

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Montgomery COUNTY Montgomery MARYLAND STATE LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this piace) TOWN Kensington Kensington HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS 9701 Bexhill Drive Bexhill Drive STREET ADDRESS (First) (Middle) (Last) (Year) (Day) DECEASED: CHARLES ANKCORN Oct. 19 5 5 (Type or Print) DEATH 7. SINGLE, MARRIED, 6. COLOR OR 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, Sept.11,1893 Months (Specify) Divorced 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT INDUSTRY: work done during most of work life, even if retired): Retired COUNTRY? Palouse, Washington Officer-U.S. Army 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Morris Nettie Fred H. Ankcorn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: E. May Ankcorn-Sister 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of 9701 BexhillDr, Kensington, Maryland service) WW 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH variances Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No [ 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (State) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21f. HOW DID INJURY OCCUR? 2Id. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED INJURY at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes ♥, Accident □, Suicide □, Homicide □, Undetermined cause □. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE / 10-1-55 23. BURIAL, CREMATION, REMOVAL (Specify):.
Burial-Transity NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Palouse Cemetery Palouse. Wash. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS

Bethesda.

Md.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMO	ORE,	18	09	849	
9864	CERTIFICATE OF DEATH				210	
ATH.	1 2 USUAL RESIDENCE (HOME) C	DE DEC	FASED			

JOUR CE	MILLICALI	OF DEAL	Reg. Dis	st. No.
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEASE	ED:
COUNTY Montgomery	MARYLAND	STATE D. C	• COUNTY	
CITY (If outside corporate limits, write RURA: OR and give nearest town) TOWN Bethesda			corporate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS M. 9 H.		STREET ADDRESS 21	(If rural give location 24 Eye Street, N.	
3. NAME OF (First) (N DECEASED: (Type or Print) Daisey New		(Last)	4. DATE (Month) OF DEATH: Oct.	(Day) (Year) 5, 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MAR WIDOWED, D (Specify): M	IVORCED.	of BIRTH:  9	. AGE last birthday IF UNDER	
IOA. USUAL OCCUPATION (Give kind of 108. KI			State or foreign country):  12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
Ervin Newell		Elizab	eth Rowell	
(Yes. no. or unk.) (If Yes. give war or dates	718-03-9721	The Medical	ADDRESS: Record, Clinical	. Center
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE	Carcis	miral Met roma of f	least	
DISEASE OR CONDITION CAUSING DEATH				
	Troughest per	toren covity	small fower obstration	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, fact URY street, office bldg.,	etc. INJURY OCCUP	(Cou	nty) (State)
OF INJURY Whi	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
22. I hereby certify that I attended the de	ceased from June	20 , 1955 , to .Oc	t.5,, 19.55 that I las	st saw the deceased
alive on Oct. 5	NAME OF CEMETI	11:A. M, from th	e causes and on the date	e stated above.  ATE SIGNED/0-5-50  athesda, Md.  or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNER REGISTRAR 10/6/55 Bessie M.	Showker	Justph Han	ulers Sons 17	66 Pa herr

DECENTED

BUREAU V. S.

. The	MARYLAND STATE DEPARTMENT 9865 CERTIFICATI		09853 No. 211
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
refi	COUNTY Montgomery MARYLAND	STATE Md. COUNTY MON	tg.
item of information carefully.	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Lewisdale Lile	CITY(If outside corporate limits, write RURAL a OR TOWN Lewisdale	
format	HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 1, Monrovia	STREET (If rural give location) ADDRESS R.F.D. 1, Monrov	ia
f im	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (1	Day) (Year)
n of	(Type or Print) Della May	Beall DEATH: Octobe	
auses	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, SpecWidowed July  10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if refultisewife   00	9, 1879 76 yrs. Months D	ays Hours Mln.
Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME: Annie Grimes	
R BIND K. Supp write th	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
0 - /	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs Maynard Watkins, Mon	rovia, Md.
ED FC	18. MEDICAL CERTIFICAT	TION	INTERVAL SETWEEN
RV DI	420.1	nary Occlusion	5 min?
SE IFA	DUE TO		O ELLI:
REST UNF.	V The state of the	clarosis - Genaralized	10 vrs.
MARGIN RESE; Y, WITH UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) Anthoniosal C	00013	10 311 3
WI WI	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
M.Y.	TO THE DEATH BUT NOT RELATED TO THE Pornici	ious anemia	16 yrs.
MARAINLY, W. important.	DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
PLAINLY Ily import	O None		YES NO
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ctory. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	(State)
P	OF INJURY NO accident M. 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
O E	22. I hereby certify that I attended the deceased from Alline		
SE TYPE	alive on Oct 24, 1955, and that leath occurred at	ADDRESS DAT	TE SIGNED
SE 7	M. McKendree Boyer,  23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMET	Druid Theatre Building	county) (State)
PLEAS	Burial Oct.28,1955 Bethesds	a Meth. Browningsville	
PL	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE REGISTRAR 27,1955 Della W. Burdute	Olin J. Molesunth Da	ADDRESS Made

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 9840

CERTIFICATE OF DEATH

,	10	09	2513
Reg.	Dist.	No.	123

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTA MARYLAND	STATE COUNTY - 47X-3
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
Town Takona Park 3 days	TOWN District of Columbia
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS '	1343 Franklin St. N.E.
NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) L:\\: a Mary	Pernard DEATH: 10 12 1955
S. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Fe. Cauc. WIDOWED, DIVORCED, (Specify): Widow 12.	11 - 79 75 yrs. Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT
work done during most of working life, even if retired):	COUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
TIALL	A 0 1 1
JOHN OF CAIL	17. INFORMANT & ADDRESS: Hospital Records
Yes, no, or unk.) (If Yes, give war or dates	Traspital Records.
No of service) Unk.	Washington Danitarium + Hospital
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
260X	1100-5
IMMEDIATE CAUSE (A) Jan June 1	I for a da far per ofertin Vago
ANTECEDENT CAUSE (S)	An ook -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	, Title ( acodinis yet 4-1)
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
)	
21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact) R CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR7
P.D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	2 21F. HOW DID INJURY OCCUR?
2 I hereby certify that I attended the deceased from 10/	10, 19 5 to /0/12, 19 54, that I last saw the decease
	11:45 PM, from the causes and on the date stated above.
alive on 10/12, and that death occurred at	ADDRESS DATE SIGNED
14 14 14 14	1. D. 6 N h dword of he ex 0/12/50
	ERY OR CREMATORY LOCATION (City, town, a founty) (State
DATE REC'D BY LOCAL   REGISTRATIS SIGNATURE	24 FUNERAL DIRECTOR KODALSE AZ
REGISTRAR COLL STATE STA	1 1 Na. la 2 831 GO DIE N.V

BUREAU V. S.

9961 41 100

DECENTED

VS. A15

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MONTAMENT MARYLAND	STATE Maryland COUNTY Mon	tgomerv
CITY (If outside corporated limits, write RORAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest town
5 OR and give nearest toth) (in this place)	TOWN Silver Spring	56
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS 928 Name Que.	ADDRESS 928 Wayne Avenue	
3. NAME OF (First) (Middle)		Day) (Year)
Type or Print) CHARLES SENKINS	BROOKS OF DEATH: OCT.	1 7 1955
5, SEX:   6. COLOR OR 7. SINGLE, MARRIED,   8. DATE   RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1	
(Specify): MARRIED JUI	VE 9, 1881 74 yrs. Months I	Days Hours Min.
OK. USUAL OCCUPATION TONE KING OF TOO. KIND OF DOSINESS	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHA
work done during most of working life, even if retired): AUTO SALESMAN AUTO	WACHING TAN AC	U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	<i>v</i> .0.
LEHAL MENEY BOOKES		
8. WAR DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY NO.	17 MINFORMANT A ADDRESS: BYONKS	
(Yes, no, or unk.) (If Yes, give war or dates		00 111
No of service) 679-01-1479	MIFE TAYWHYNE AVE.	5.5. MD
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
110111		ONSET AND DEATH
IMMEDIATE CAUSE (A) COVOLA	ru Kleromboses	
ANTECEDENT CAUSE (S)	$\alpha + 0$ .	0
DISEASES OR CONDITIONS, IF ANY, (B)	av lachucardia.	2 usks
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	0 11 0 -1	
(c) Compared line	al legal Valuese.	2414
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- may pourse	Property .
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ne	0
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
4		YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac	tory. 21c. WHERE DID (City or town) (Coun-	ty) (State)
OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from Ocio	f, 1953 to Oct, 1953 that I last	saw the deceased
alive on Det. 5., 1955, and that death occurred at		
signature	ADDRESS DA	re signed
1 1 Thiballen	D Silver Aprices Mrs 1.	+ 7 10.50
	ERY OR CREMATORY   LOCATION (City, town, or	r zounty) (State
REMOVAL (SPECIFY)	V V	
Burial 10/10/55 Rock Creek	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR	41 June 1 & Para 1 8434 G	a. Ave.
10-10-33 Hances sites	Wunty b. Jumprily Cilyon Co.	ring Md

ELLEN V. S.

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PLEASE TYPE

VS.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09853

9841 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTY MONTGOMERY MARYLAND	STATE DISTRICT CONTYCOLU	mbia
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give, nearest town)	CITY(If outside corporate limits, write RURAL	
	TOWN IN IN 1 2 4 1 2 4	to 117, 2
HOSPITAL OR HOSPITAL OR	STREET (If rural give logation	in 4/x-3
INSTITUTION OR , , //	ADDRESS	
STREET ADDRESS 517 ALBANY AVE	4313-13	·NEV
3. NAME OF (First) (Middle) DECEASED: TILLA MADD	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) DELA MINKY DI	DEATH: OCI	27 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 7		
F (Specify): Widowed J	An 1-1879 76 yrs. Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12	
work done during most of working life, even if retired):	District of Columbia	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4,5.
War bland Plane	Marca D.	
IS, WAR DECEASED EVER IN U.S. ARMED FORCEST   N. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	1 1 21
(Yes, no, or unk.) (If Yes, give war or dates	100 to ADDRESS:	Seiden I
Wo of service)	weren a Brown son sh	wer spring by
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1.1.1	ONSET AND BEATH
1061 ancies	and al the Time	sure may
IMMEDIATE CAUSE (A)	ma of me years	- 6 months
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
		YES NO Z
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)		nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
OF INJURY  M. While at work at work	mat Mills	
22. I hereby certifichat I attended the deceased from	3/, 1955, to 200 27, 1955, that I la	et saw the deceased
Act B 25	630 A. M, from the causes and on the date	st saw the deceased
able of 235, 1953, and that death occurred at		
1/4 1-75	1704 Michigan Class 11.4.	ATE SIGNED
	ERY OR CREMATORY LOCATION (City, town,	or equaty) (State)
/ DESCRIPTION   10 /	to the state of th	or equity) (State)
	whatte tem allery on	1/02/
DATE REC'D BY LOCAL   MEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 1.00 TIMES TO THE TOTAL AND THE PROPERTY OF THE PROP		I WELLING

DEVENTEDER See 18 100 2 .V UAERUR

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VS.

## RE, 18 09854 Reg. Dist. No. 2/6 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9867	CERTIFICATE	$\mathbf{OF}$	DEATH
0000			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY  CITY (If outside corporate limits, write RURAL LENGT)  OR and give nearest town)  TOWN Bethesda	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7914 Sleaford Pl.	STREET (If rural give location) 7914 Sleaford Pl.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) SAMUE   D	Brown   4. DATE (Month) (Day) (Year) OF DEATH OCK, 6, 19
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify): Widowed	Sept 29-1870  9. AGE last birthday   1
work done during most of working life.  even if retired):  Grocer  Grocery	Wilson, N. Y. COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James G. Brown  18. WAS DECEASED EVER IN U.B. ARMED FORCES?   16. SOCIAL SECU	Mary Elizabeth (Chimon
(Yes, no, or unk.) (If Yes, give war or dates of service) No Unknown	Philips Brown
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	rdiac Faèlure congestive 2400set AND DEA laboratories disease ?
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DISEASES OR CONDITIONS, IF ANY, DISEASE OR CONDITIONS, IF ANY, DISEASE OR CONDITIONS, I	1: 1:1
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF	rdiac Failure, congestive 24908 lalunlai heart disease? Chemiatic? arterisscleratio?? Hypertension 154905.  OPERATION 20. AUTOPSY YES NO
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	rdiac Failure, congestive 24908 lalunlai heart disease? Chemiatic? arterisscleratio?? Hypertension 154905.  OPERATION 20. AUTOPSY YES NO
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF  21A. ACCIDENT WAS UNDERLYING OF INJURY Street  CIP EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY While N	rdiac Faelure congestive 24pre la lundar heart disease ?  Chematic? attrioscleratic??  Hypertension 154pre.  OPERATION 20. AUTOPSY YES NO  e, farm, factory, 21c. WHERE DID (City or town) (County) (State)  ordination (State)
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF  21A. ACCIDENT WAS UNDERLYING OF INJURY Street (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  While at work	rdiac Failure Congature 2498    alumbar heart disease ?    Chemistic? (Interioscleratio)? ?    Hupertension   20. Autopsy   YES   No     e. farm, factory, office bldg., etc.   INJURY OCCUR?    OCCURRED of while   21F. HOW DID INJURY OCCUR?    Occurred at 5: 20 P.M., from the causes and on the date stated above.     ADDRESS   DATE SIGNED
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF  21A. ACCIDENT WAS UNDERLYING OF INJURY Street (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OF INJURY  M. 21E INJURY While at work at work.  22. I hereby certify that I attended the deceased from SIGNATURF  23. BURIAL, CREMATION, DATE THEREOF NAME REMOVAL (SPECIFY)	rdiac Failure Congature 2498  I alundar heart disease ?  Chematic? Arterisscleratio??  Hupertension 15495.  OPERATION 20. AUTOPSY YES NO  e, farm, factory, 1750. WHERE DID (City or town) (County) (State)  OCCURRED of while 21F. HOW DID INJURY OCCUR?  ot while 21F. HOW DID INJURY OCCUR?  ot work 20 P.M., from the causes and on the date stated above.  ADDRESS DATE SIGNED  N. D. Chemphase, Md. Mrs. 6, 55



BUREAU V. S.

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FOR

carefully. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED legibly COUNTY Montgomery Marylandcounty Howard MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY OR and give nearest town) (in this place) item of information TDWN Olnev TOWN davs Clarksville clearly a Montgomery County General Hospital INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) (Last) DATE (Month) (Day) (Year) 3. NAME OF DECEASED Rosie Bruce DEATH: October Marie (Type or Print) 6. COLOR OR | 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER ! YEAR RACE: WIDOWED, DIVORCED Dava Hours ! (Specify):Single Colored Supply every IOA. USUAL OCCUPATION (Give kind of work done during most of working life, 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT OR INDUSTRY: COUNTRY? even if retired): Maryland Newborn 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Elizabeth Mae Williams James Hurbert Bruce 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates Hospital Record of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH MEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE DUF TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AINLY, TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 20. AUTOPSY YES [ 218. PLACE (Home, farm, factory. (County) 21c. WHERE DID (City or town) (State) 21A. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) While Not while TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY at work at work K 22. I hereby certify that I attended the deceased from 0/3/55, 19 ..., to 10/6/5519 ..., that I last saw the deceased 0 TYPE alive on 10/5/55 and that death occurred at 2:00AM, from the causes and on the date stated above. SIGNATURE DATE SIGNED Clarksville Md 10/6/55 M. D. EASE CREMATION. NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Simpsonville, Md Locust Grove 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

F.C. Higenbotham

BUREAU V. S.

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### 9863 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. 9856	
No.Z/L	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery MARYLAND	STATE Maryland COUNTY Montgomery	
CITY (If outside corporate limits write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest	town)
OR and give nearest town)  TOWN  (in this place)	OR TOWN Silver Spring	,
HOSPITAL OR	STREET (If rural, give location)	-
INSTITUTION OR	ADDRESS-	
STREET ADDRESS Sornfaut Rol. 12-1	Route #1 - Bornfast Rd	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)	
	rriss DEATH October 9 . 1955	
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER	24 HRS.
Fe RACE: white WIDOWED, DIVORCED, Specify): single Jan	e 25, 1950 5 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF work done during most of work life, INDUSTRY;	II. BIRTHPLACE (State or foreign country):   12. CITIZEN OF COUNTRY?	WHAT
work done during most of work life, even if retired): Child	Maryland US4	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edgar Burriss	Josephine Arvella Bible	
(Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Mr. Edgar W. Burriss, Bonifant Road	
service)		
18. MEDICA	Layhill, Maryland	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BE	
8/2X Marintin	pous (brain) 100	DEATE
Immediate cause (a)	1/ 10000 (0000)	
DUE TO M	61 the 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
Antecedent cause(s)  Diseases or conditions, if any. (b)	Tochers of face of speel 10 po	
Diseases or conditions, if any, (b)		
stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		_
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOP	/
	Yes 🗗	No
21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING □  21b. PLACE (Home, farm, factory, office bidg., etc.		
CAUSE OF DEATH. INJURY Livery	1 Bounfaut Ref Silien Jung Monty Meg	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY/OCCUPRED While at Not while	· 91f MOW DID INJURY DOWNEY/	1
INJURY 10-4-55 2'65 PM. work at work		15
	Crossed highway in front of approximy with	/ re
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy of, Inspection , Inquiry	, and
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes [], Accid	ed above, held an Autopsy I, Inspection , Inquiry lent , Suicide , Homicide , Undetermined cau	, and
	ed above, held an Autopsy I, Inspection , Inquiry lent , Suicide , Homicide , Undetermined cau	se .
find that death resulted from: Natural causes [], Accid	ed above, held an Autopsy of, Inspection , Inquiry lent , Suicide , Homicide , Undetermined cau	se .
find that death resulted from: Natural causes [], Accid	Deputy Medical Examiner  Deputy Medical Examiner  Deputy Medical Examiner  M. D. ASSISTANT MEDICAL EXAM.	se .
find that death resulted from: Natural causes [], Accident signature  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 70/72/55	Crossed Enghang on Front of apparting With Deed above, held an Autopsy of Inspection of Inquiry of	, and se □.  GNED
find that death resulted from: Natural causes [], Accident signature  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BUT18   10/12/55   Burtonsville	Crossed Enghang on front of apparting with ded above, held an Autopsy of, Inspection of, Inquiry of the total	se []. GNED tate)
find that death resulted from: Natural causes [], Accident signature  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 70/72/55	Crossed Enghang in Front & affracting With Deed above, held an Autopsy Z, Inspection , Inquiry lent , Suicide , Homicide , Undetermined cau CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. DO-9-5.  EY OR CREMATORY LOCATION (City, town, or county) (Signature) Union Cemetery Montgomery County, Md.	se []. GNED tate)

BUREAU V. S.

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OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

9870 CERTIFICATE OF DEATH

Reg. Dist. No. 27

09857

1. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
county Montgomery Maryland	STATE N. Carolina Wake  CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Raleigh  STREET ADDRESS  (If rural give location)			
CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL CITY (In this place) X TOWNRt. 240. Near Rockville				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium				
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) FLORENCE COOPER BUSBE	(Last)	4. DATE (Mont		(Year)
		. AGE last birthday 1		IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retiredHousewife OWI Home	Kentucky	State or foreign country		USA
13. FATHER'S NAME:	14. MOTHER'S MA	AIDEN NAME:	-	
Harvey Cooper	Susannah	Steele		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY ND.  (Yes, no, or unk.) (If Yes, give war or dates of service)  NONE	Charles Bus	308 Sk	yhill I	Rd.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C) Haplus  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	in Carolis Va	seuler Dises	ol -	20%.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			100	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N			20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,		OID (City or town)	(County)	(State)
OF INJURY M.   21E INJURY OCCURRED While Not while at work at work	21F. HOW DID I	NJURY OCCUR?		
Burial-Transit 10-18-55 Oak Wood	M, from the ADDRESS D. 7936 920 ERY OR CREMATORY	LOCATION (City Wake Co.	he date sta DATE: Bel.Md town, or co	ted above. SIGNED  /9/17/53 unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 10-19-57 Besse m. Hampsonl	FUNERAL B	RECTOR	Bethes	ADDRESS

BUREAU V. S.

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	9842 CERTIFICATE	E OF DEATH Reg. Dist.	No
ly.	1. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
clearly and legibly.	COUNTY MONT 90 MEYY MARYLAND  CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Takema take Inc. 55 min.  HOSPITAL OR Washington Sanitarium  75 STREET ADDRESS and Hospital	STATE Bary (and COUNTY MENT CITY(If outside corporate limits, write RURAL ar OR TOWN Takena Park Md.  STREET ADDRESS OR CAPPOLITICAL OR CAPPOL	
death cl	3. NAME OF (First) (Middle)  DECEASED: (Type or Print) James a. Cabe	(Last) 4. DATE (Month) (DOF DEATH: Oct 2	(Yesr) 9 1955
of	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	4 1900 55 yrs. Months De	Hours Min.
causes	work done during most of working life.  even if retired): Fiveman	Philadelphin Pa	USA
the	John Joseph Caherty	mary ANN mc 6:N	N
se write	(Yes no or unk.) (If Yes, give war or dates of service) 177-14-8912	17. INFORMANT & ADDRESS: Hugh & Cahbery 7808 - CARROLL AUG , TAKO	as Pr. m2.
plea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN ONSET AND DEATH
4	1120.1	ial occlusion	2 hours
cia	ANTECEDENT CAUSE (S)		
Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
4	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
pecially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW OIO INJURY OCCUR?	
recase fire or correct age	SIGNATURE . M. Whathack	Par P M, from the causes and on the date s	tated above. E SIGNED  No. 29-55  county)  AOORESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SUREAU V. SSEL I NON

carriers - # 1-1 feets - 7 4

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death

1. PLACE OF DEATH:

HOSPITAL OR

INSTITUTION OR STREET ADDRESS

COUNTY

TOWN

3. NAME OF

5. SEX:

DECEASED:

(Type or Print)

omery

(If outside corporate limits, write RURAL and give nearest town)

e 3 da

(First)

6. COLOR OR

RACE:

13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  Charlo He Ray Wilso  15. WAS DECEASED EVER IN U.S. ARMED FORCEST  (Yes, no, or unk.) (If Yes, give war or dates)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:	S. A.  Record
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  759,3  IMMEDIATE CAUSE  (A) Urlinia and Hyporia  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  18. MEDICAL CERTIFICATION  (A) INTERNAL AND Hyporia  (B) Blaberal agenesis Kidneys  DUE TO and Improphasia, hungs	TERVAL BETWEEN USET AND DEATH CONTROL OF THE SERVICE OF THE SERVIC
The state of the s	(State)
22. I hereby certify that I attended the deceased from Oct. 24, 1955 to Oct. 25, 1955, that I last say alive on Oct. 25, 1955, and that death occurred at 3.05A.M, from the causes and on the date state of the signature of the si	ted above. SIGNED 27-5'5 unty) (State) Maryland DDRESS
age is especially important, ruysicians: please write the c	EVEN IF TEITHORY  13. FATHER'S NAME:    DANE   Chard   Cart     14. MOTHER'S NAME:   Chard   C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

OR

(Last)

OF

DATE

arr

TOWN

BIRTH:

STREET

ADDRESS

MARYLAND

(Middle)

1300

SINGLE, MARRIED

(Specify):

WIDOWED, DIVORCED,

LENGTH OF STAY

Reg. Dist. No.

(Day)

Z 5

Days

IF UNDER 1 YEAR

(Year)

19

Hours

IF UNDER 24 HRE.

2. USUAL RESIDENCE (HOME) OF DECEASED

COUNTY

DATE

9. AGE iast birthday

DEATH: (

vrs.

CITY(If outside corporate limits, write RURAL and give nearest town)

(If rural give location)

(Month)

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MARYLAND ST	ATE DEPARTMENT	T OF HEALTH	—BALTIMORE, 18	09860
0000	CERTIFICATE			No. 216
1. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF DECEASED	):
COUNTY Montgomery	MARVIAND	CTATE Mana	land county Mont	comora
CITY (If outside corporate limits, write R	MARYLAND URAL LENGTH OF STAY	CITY(If outside co	proporate limits, write RURAL as	nd give nearest town)
OR and give nearest town)  Nockville	(in this place)	or Town Ken	sington	X
HOSPITAL OR INSTITUTION OR GENERAL VIEW STREET ADDRESS Bright View	w Rest Home	ADDRESS 4211	(If rural give location) Matthews Lane	/
3. NAME OF (First) DECEASED: (Type or Print) CATHERINE	(Middle) (Mi	(Last)	4. DATE (Month) (DOF DEATH: OCt. 21	(Year) 1955
5. SEX:   6. COLOR OR   7. SINGLE, RACE: WIDOWE			AGE last birthday IF UNDER 1 YE	EAR IF UNDER 24 HRO.
Female   White   (Weit)	iwed 11-24-	- 1868	86 yrs. Manths D	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life,	B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (St		COUNTRY?
HOUSEWITE  13. FATHER'S NAME:	)wn Home	Ireland		JSA
James Donovan		Mary Butt	imer	
ts. Was Deceased Ever In U.S. Armeo Forcest (Yes, pp, or unk.) (If Yes, give war or dates	15. SOCIAL SECURITY NO.	17. INFORMANT &	and the same of th	
of service)	None	Helen Phill	ips-Item# 2	
	IS. MEDICAL CERTIFICATI	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	0.		ONSET AND DEATH
IMMEDIATE CAUSE	(A) Myscardin	al tailure		48 hour
ANTECEDENT CAUSE (S)	The start of	10. 1	dent	1 12000
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	OUE TO Preheal air	Source long:	. Cent	6-8 yours
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	NTRIBUTING THE	autorioscle	prosis	10 - 1012
	FINDINGS OF OPERATION	V		20. AUTOPSY?
0	EMEAN HOLLIN	ASTRAILE, TE		YES NO
OR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, fact INJURY street, office bldg.,	etc. INJURY OCCUR		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the	e deceased from	9 , 19.5), to OCA	24, 1950, that I last	saw the deceased
alive on Oct. 72, 1957, and SIGNATURE		M, from the ADDRESS	DAT	E SIGNED
The second secon	A NAME OF CENETS	TRY OR CREMATORY	I LOCATION (City town low	country (Ctota)

15. WAR DECEAS (Yes, po, or un DISEASE 33 IMM ANTECI DISEASES O STATING U II OTHER S TO THE D DISEASE 19A. DATE OF 21A. ACCIDE OR CONTRIBU (IF EITHER, NO 21D. TIME (M 22. I hereby alive on 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Washington 10-27-55 REGISTRAR'S Mt Bethesda, Md. DATE REC'D SIGNATURE BY LOCAL

DCT SS 1955

DEAMOND

WRITE PLAINLY, WITH UNFADING INK.

VS.

PLEASE TYPE OR

REGISTRAR

Supply every item of information carefully.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9872

CERTIFICATE OF DEATH

09861 Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	•
COUNTY Montgomery MARYLAND	STATE Virginia COUNTY Fauqu	nier
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN  Bethesda  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL ar	3 X 3
HOSPITAL OR National Institutes of Health STREET ADDRESS The Clinical Center		<b>V</b>
DECEASED:	(Last) 4. DATE (Month) (DOF DEATH: October	14 (Year)
	OF BIRTH: 9. AGE last birthday   F UNDER 1 YE   Months   De	EAR IF UNDER 24 HRS.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  Railway Agent	Virginia   12. (	J.S.A.
J.H. Cheatwood	14. MOTHER'S MAIDEN NAME: Ada McDonald	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO. (Yes, no, or uni.) (If Yes, give war or dates of service) W.W. #2   None	The Medical record, Clinical Mrs. Lena Cheatwood, wife	Center
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
DUE TO	d Histoplasmosis	6 months
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.  (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Pulmona TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thrombocytop	ry Nocardia Asteroides enia, and Hepatic Insufficiency	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from7-		
alive on10-14, 1955 , and that death occurred at		E SIGNED
23. BURIAL, PREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State
Surial 10/11/33 Marrell	(M) Maylenen , 1.	ingina .



9873

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)) TOWN TOWN HOSPITAL OR RESIDENCE (ISOME) OF DECEASED (ITY (If outside corporate limits, write RURAL and give nearest town) TOWN HOSPITAL OR RESIDENCE (ISOME) OR GIVE PLACE (ITY (If outside corporate limits, write RURAL and give nearest town) TOWN TOWN HOSPITAL OR RESIDENCE (ISOME) OR GIVE PLACE (ITY (If outside corporate limits, write RURAL and give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)  OR give nearest town)  IOSPITAL OR Residence INSTITUTION OR Residence STREET ADDRESS  OR TOWN  IOSPITAL OR Residence INSTITUTION OR Residence STREET ADDRESS  OR TOWN  IOSPITAL OR Residence INSTITUTION OR Residence IOSPITAL OR INSTITUTION OR STREET ADDRESS  OR TOWN  IOSPITAL OR Residence IOSPITAL OR INSTITUTION OR Residence IOSPITAL OR INSTITUTION OR
OR give nearest town)  OR TOWN  OWN  OWN  OWN  OWN  OWN  OWN  OWN
STREET ADDRESS   Gold Flower Ave.   Gold Flower Gol
ADDRESS 96/8 Flower Ave.  (Middle)  (Last)  (Middle)  (Last)  (Pert)  (Month)  (Day)  (Yes OF Print)  (OF OF O
DECEASED TOMAS WILLAMSON CISSE DEATH OCT. 20 19 5. SEX MALE 6. COLOR OR RACE WILLOWED, DIVORCED, Specify 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 101. Specify 102. LIBRATHPLACE (State or foreign-country) 103. FATHER'S NAME 104. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 115. MEDICAL CERTIFICATION 116. SOCIAL SECURITY NO. 117. INFORMANT 118. MEDICAL CERTIFICATION 119. ARTHAR CARTER 119. AGE last birthday If under I year Ill under 24 Months   Days   Ilours   Minutes   Ilours   Ilour
MALE White WIDOWED, DIVORCED, 3 4 1873 82 yrs. Months Days Hours Mind of Working Heaving most of Working Heaving Months Days Hours Of Welling Heaving Months Days Hours And Days Hours And Days Hours And Days Hours And Days Heaving Heaving Conditions, If any, giving rise to the above cause stating the underlying cause last (c).  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not the death but
done during most of working life, even if retired)  INDUSTRY  13. FATHER'S NAME  WILLIAM CISSE!  14. MOTHER'S MAIDEN NAME  CAROLINE KAISER  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)  16. Social Security No. Nove  17. INFORMANT  Aughter. MRS MARTHA CARTER  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Antecedent cause  (a) Acute Myocardial Imparction  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not
13. FATHER'S NAME  WILLIAM CISSE!  14. MOTHER'S MAIDEN NAME  CAROLINE KAISER  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)  16. SOCIAL SECURITY NO. No.   17. INFORMANT   17. INFORMANT   18. MEDICAL CERTIFICATION   18. MED
(Yes, no, or unknown) (If year, give war or dates of service)  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Acute Myocardial Inferval Batwa Onser and Death  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) ACUTE MYOCARDIAL INFARCTION  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (b) GRONARY ARTENIOSE LEVOSIS  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
Diseases or conditions, if any, (b) CORONARY ARTEVIOSE LEVOSIS giving rise to the above cause stating the underlying cause last (c) Teneral Arteviose Levosis  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes \( \text{No} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Write Work At work
22. I hereby certify that I attended the deceased from 2,12, 1947, to 1955, that I last saw the deceased
alive on 19.55, and that death occurred at 500 m., from the causes and on the date stated above.  SIGNATURE  Output  DATE SIGNED
Dean H. Harding M.D. 113 CANOII St., N.W., WASh., 12, D.C. 10/20/3
23. BURIAL CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  BURIAL (Specify) 10/24/55 Glenwood Cemetery Washington, D. C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  10-24-55  Trances Total  Warner 6. Tumphrey 5: 1 ver Spring Ma

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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TOT 27 1955

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9874 CERTIFICATE OF DEATH

CE					
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	*		
legibl	COUNTY Montgomery MARYLAND	STATE California COUNTY			
nd le	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  Rethesda Rural  LENGTH OF STAY (in this place)  1 mo 20 day	CITY(If outside corporate limits, write RURAL at OR TOWN La Jolla //2	nd give nearest town)		
2	HOSPITAL OR	STREET (If rural give location)	<u> </u>		
clearly and	5/STREET ADDRESS U. S. Naval Hospital	ADDRESS 6120 Avenida Cresta			
death c	DECEASED: William Tardy CLE	MENT October	17 (Year) 19 55		
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married 9-27	Months   De	Ays Hours Min.		
causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner  National IOB. KIND OF BUSINESS OR INDUSTRY:  Wariner Retired		COUNTRY?		
Je	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
e ti	William J. CLEMENT	Mary E. FREES			
se write the	(Yes no, or unks) (If Yes, give we or date of service) Kores	Wife Mrs. Ethel G. CLEMENT			
please	. 18. MEDICAL CERTIFICAT		INTERVAL BETWEEN		
[d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
20	1 IMMEDIATE CAUSE (A) Peritoni	tis, acute	4 kg		
Physicians	ANTECEDENT CAUSE (S)	- 12 - 4	1. 0		
ysic	DISEASES OR CONDITIONS, IF ANY, (B)	in small interline	4 kg,		
	STATING UNDERLYING CAUSE LAST.  (C)  Replet	· loss	10 da		
int.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	· von	72		
rta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	diel inforction	1 wh		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION					
	3/0.5.55 anewyon abdon	inal asita	YES DOL NO		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.   County   County				
	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While   Not while   at work   at work				
13	saw the deceased				
98	22. I hereby certify that I attended the deceased from 27 Au alive on 17 Oct. 19 55, and that death occurred at				
	SIGNATURE 22.	ive on 17 Oct 19 75, and that death occurred at 5:24P M, from the causes and on the date stated above.  ADDRESS DATE SIGNED			
correct	M. L. GERBER COR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland				
100	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  BUTIAL (SPECIFY) 21 Oct 1955 Arlington National Cemetery Arlington, Virginia				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RESISTRAR'S SIGNATURE RESISTRAR'S SIGNATURE R. A. Fungal Director Resistrar's Address Resistrar's Signature R. A. Fungal Director Resistrar's Address Resistrar's Signature Resistrar's Resistrar's Signature Resistrar's Re				
	March D. Carrer 1111 argentista vienne, pernesna, mor Are				

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please write the causes of death clearly and legibly.

especially important. Physicians:

correct age

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9875 CERTIFICATI	E OF DEATH Reg. Dist.	No. 215
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Car	s. P.
CITY (If outside corporate limits, write RURAL  LENGTH OF STAY	CITY(If outside corporate limits, write RURAL as	nd give nearest town)
OR and give nearest town) X TOWN Bethesda Rural (in this place)	TOWN Federalsburg	05 X-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS BOX 246A RFD #1	✓
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Paul (n) COO	OF.	23 (Year) 23 19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner	New Jersey	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
August J. COOKE	Harriett FICHTNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.  (Yes, no. or upk.) (If Yes, give tyat or dates core unknown of service) WW II & Korea Unknown	Wire Mrs. Esther Cooke Same as above	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	raleighend	INTERVAL BETWEEN ONSET AND DEATH
(C)	melaslases	0
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		MSU II
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	y) (State)
OF INJURY  OF INJURY		
John W. FLYNN I.T MC 1190	ADDRESS U.S. Naval Hospital, Bethesd	stated above. E SIGNED a, Md.
23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)  Burial 10-27-55 Arl. Nat. (	Cemetery   Location (City, town, or Arlington, Va.	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE TO -24-55	R2A.FTUMPHREY FUNERAL HOME	ADDRESS

AVE.

RETHESDA, MD.

OCT 27 1935

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

1	•	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09865
X	Ę.	9843 CERTIFICATE OF DEATH Reg. Dis	t. No. 223-
	ully.	1. PLACE OF DEATH: 909 Davis Use T. Ph M/2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	ref	COUNTY MONTGOMERIA CLE MARYLAND STATE MIL COUNTY MA	out.
	d le	CITY (If outside corporate limits, write RURAL (in this place)  OR and give nearest town)  CITY (If outside corporate limits, write RURAL (in this place))	and give nearest town
2000	tion	17 TOWN TAKOMA TARK YRS. TOWN TAKOMA TARK	. 17
M	item of information carefully of death clearly and legibly.	HOSPITAL OR STREET (If rural give location ADDRESS	7 +100
	nfon	STREET ADDRESS 104 DAVIS 7VE 909 Daws a	ue, 1./0/11
	of i	3. NAME OF (Middle) (Last) 4. DATE (Month) OF DECEASED: (Type or Print) 0 0 DECEATH: (O	(Day) (Year) 26 19 53
	item of des	5. SEX:   6. COLOR OR 7. SINGLE MARRIED   8 DATE OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
		M RACE: WIDOWED, DIVORCED, Jan 7, 1910. 45 yrs. Months	Days Hours Min.
57	causes	Work done during most of working life.  even if retired):  10A. USUAL OCCUPATION (Give kind of working life. OR INDUSTRY:  even if retired):  11. BIRTHPLACE (State or foreign country): 12.  Adville, Ad	COUNTRY? U.S.A
BINDIN		13. FATHER'S NAME:	/
N.	K. Supply write the	Rollie S. 6 ummine Emma Mae and	re
	K.	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. BOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
FOR	G IN	// O of service) —	
ED	NG ple	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
RV	DI .	420.1 Ben Deelining	7 1
RESERVED	UNFA	IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,  (B)  Authorized Conditions, If Any,  (B)  Authorized Conditions, If Any,  (B)	_ services
RE	UNF.	DISEASES OR CONDITIONS, IF ANY, (B) Auterioscherosis	Year (7
Z		GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	- Franco (1)
RG		(c)	
MARGIN	~ 8	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	NL	DISEASE OR CONDITION CAUSING DEATH	
	7	2 MAJOR FINDINGS OF OPERATION	YES NO P
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Cour Court injury occur)	nty) (State)
	> 10	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
	0 0	22. I hereby certify that I attended the deceased from Oct. 10, 1941, to Oct 76, 1955, that I las	t saw the deceased
53	PE 0	alive on Oct 22, 1953, and that death occurred at 7, 404M, from the causes and on the date	stated above.
01	SE TYPE	The state of the s	TE SIGNED
1		23. BURIAL, CREMATION, DATE THEREOF   WAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	10/76/55 pr county)/p / (State
	PLEASE	REMOVAD (SPECIFY) Oct 30, 1935 George Washington Geme, Rigge Hond, 14	yetterte, my
ri.	PL	DATE BEC'D BY LOCAL REGISTRAR'S SIGNATURE 1 JA FUNERAL DIRECTOR	ADDRESS 1/7
>		1017 1-1980 VOUM 10019 - Verbur Maller 25	D. J. S.

10/16/55 Case reported to Dr Broselast Coroner, 8:30am, and cleared with him. Robertastare M.D.

BUREAU V. S.

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	MARYLAND STATE DE				2/6		
	9876 CERT	LFICATI	E OF DEAT	Reg. Dist	t. No.		
carefully.	1. PLACE OF DEATH:			CE (HOME) OF DECEASE	D:		
egi		YLAND		ict of Columbia			
	OR and give nearest town)	in this place)	OR	porate iimits, write RURAL	and give nearest town)		
	HOSPITAL OR The Clinical Center	days	Masiii	ngton [If rural give_location]	411		
clearly	50 STREET ADDRESS Nat'l Institutes of			fonte Apt. House	, 1601 Argonne		
	3. NAME OF (First) (Middle)		Place. Apt 2	4. DATE (Month) (	Day) (Year)		
death	DECEASED: (Type or Print)  Bess  McCr		Custard	DEATH: October	21, 19 55		
3	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify): Divorce	ED,	of BIRTH: 9	AGE last birthday   IF UNDER 1   Months   1	Days Hours Min.		
	OA. USUAL OCCUPATION (Give kind of 10s. KIND OF work done during most of working life. OR INDU	BUSINESS	II. BIRTHPLACE (St	ate or foreign country):  12.	CITIZEN OF WHAT		
	even if retired): Secretary Retired i	rom U.S.C	ovt. Iowa		U.S.A.		
	13. FATHER'S NAME:	No Edu	14. MOTHER'S MAIL				
	Thomas W. McCrary			Hutchinson			
	(Yes, no, or unk.) (If Yes, give war or dates	SECURITY NO.	17. INFORMANT &	ecord, The Clinic	ol Center		
	No of service) 503-10	ーソプラフ NL CERTIFICAT		scord, the offur			
	I DISEASES OR CONDITIONS DIRECTLY LEADING T		1014		ONSET AND DEATH		
	H/6X IMMEDIATE CAUSE (A)	PULMONI	ARY INFAR	CTION	1 DAY		
	ANTECEDENT CAUSE (S)	2115111111	1/22-1		1. 1100		
-	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	HEUMAT	ic HCART	DISCASE	10 1/2		
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION						
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	CHRON	ic PYELO	NEPHRITIS	144.		
1	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS	OF OPERATIO			20. AUTOPSY7		
ı	4				YES NO		
	21A. ACCIDENT WAS UNDERLYING   OF INJURY SOR CONTRIBUTING   CAUSE OF DEATH OF INJURY SOLUTION (IF EITHER, NOTIFY MEDICAL EXAMINER)	Home, farm, fac treet, office bldg.,	etc. 21c. WHERE DID INJURY OCCUR?	(City or town) (Coun	ty) (State)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJU While work at work	Not while	21F. HOW DID INJ	URY OCCUR?			
2	22. I hereby certify that I attended the deceased from Sep 29, 19 55, to Oct 21, 19 55, that I last saw the deceased						
200				causes and on the date			
	alive on Oct. 21 19.55, and that deat	n occurred at	ADDRESS	Causes and on the date	TE SIGNED		
orrect	Heber L. anenbaum		National Ins	tenter	10-24-55		
2	23. BURNAL, CREMATION. DATE THEREOF NO	ME OF CEMET	IL'A O	LOCATION (City, town, o	county) State)		
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATU	edar	24. FUNERAL DIR	ECTOR	ADDRESS .		
	REGISTRAR 2 ( 17 B	Kray por	11/11/000	long Pa 14x6	Planist .		

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OCF 27 1955

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Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MORTGOM CITY(If outside Aprporate limits, write RURAL and give nearest town) bring (If rural give location) (Month) (Day (Year) 19 55 9. AGE last birthday IF UNDER I YEAR Months Hours THPLACE (State or foreign country): | 12. CITIZEN OF COUNTRY?

NTERVAL ONSET AND

20. AUTOPSY

21c. WHERE DID (City or town)

(County) (State)

(State)

M, from the causes and on the date stated above.

DATE, SIGNED

(City, town, or county)

A Drankforthal by their tentheligen and the questions of

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VS. A15

9877

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

### CERTIFICATE OF DEATH

(19868) Reg. Dist. No. 2/2

I. PLACE OF DEAT COUNTY		MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED.	Mont.
CITY (II obtaide	orporate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and s	
OR give neares	t town)	(in this place)	OR TOWN Bealls		¥
HOSPITAL OR			STREET	(If rural, give location)	1
INSTITUTION O			ADDRESS		
3. NAME OF	(First)	(Middle)	(Last) //	4. DATE (Month)	(Day) (Year)
(Type or Print)	Harry Dunbar	_	Jar G-4,	DEATH Oct	4 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday I If unde	r I veer Ilf under 24 hrs.
V	Thite	WIDOWED, DIVORCED, (Specify) Single	Tom 22 3048	Month	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	In BIRTHPLACE (State of	r foreign country)	12. CITIEBN OF WHAT
done during most of	working life, even if retired)	INDUSTRY			COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	U-S
Dunhar	Darby		Emily Tinney		
15. WAS DECRASED E	VER IN U.S. ARMED FORCE	11 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates leervice)	oi l	Dunbar Darbyma	Beallsville Md	
		18. MEDICAL CE			
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
1-07 12		13 1	61		NI D
52/immedia	te cause (a)	Gulmon	cay Rdes	na	Chrons
Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause underlying cause last				
Conditions contrib	ICANT CONDITIONS outling to the death but not	**			
	RATION   19b. MAJOR	FINDINGS OF OPERATION			1 20. AUTOPSY1
//					200
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR 7	OWN) (COUNT)	Y) (STATE)
SUICIDE HOMICIDE	OF INJ	office bldg., etc.) URY			(OIMIL)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED   While at Not While	HOW DID INJURY OC	CUR?	
ĬŃJURY	m.	Work At work			
22. I hereby corr alive on SIGNATURE	en an	e deceased from 3 ad that death occurred at (Degree or title)	122	, 1955, that I last causes and on the date	
	BOTho	mas ind	Frederick.	mil Cost.	4:1955
23. BURIAL, CREM REMOVAL (Spe	dation DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	CATION (City, town, or cou	(State)
DATE REC'D BY REG. 6 5	LOCAL REGISTRAR'S	SIGNATURE SO	24. FUNERAL DIRECTO	B. 1201	ADDRESS
	,	179		0	
		//		Daniel Will	The same of

DECENTED

9878

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				2101
1. PLACE OF DEATH:		2. USUAL RESIDENCE	E (HOME) OF DECEASED:	
COUNTY Montgomery	MARYLAND	STATE Maryl	and COUNTY Montg	gomery
CITY (If outside corporate limits, write RU	RAL LENGTH OF STAY	CITY (If outside of	corporate limits write RURAL a	nd give nearest town)
OR and give nearest town)  X TOWN G Kensington	(III this place)		rett Park	*
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 1101	(If rural, give location 5 Kenilworth Aver	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month) (D	ay) (Year)
DECEASED: (Type or Print) Clara	J. DA	ARLING	DEATH October 2	19 55
5. SEX:   6. COLOR OR   7. SINGL	E. MARRIED,   8. DAT	E OF BIRTH:   9.	AGE iast birthday: IF UNDER	YEAR   IF UNDER 24 HRS
Female White Specif	wed, divorced, by): Widowed 9-	18-1879	76 yrs. Months	Days Hours Min.
	10b. KIND OF BUSINESS OF INDUSTRY:	New York	(State or foreign country):	
13. FATHER'S NAME:		14. MOTHER'S MAID		
? Ham			Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.:	17. INFORMANT & Al	DDRESS: Frederic V	V.Darling J
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	son -1101	5 Kenilworth Av	re.Garrett
	18. MEDIC	AL CERTIFICATION		, Pk Md
I. DISEASES OR CONDITIONS DIRECTLY LA				INTERVAL BETWEEN
420.1	Conner 1	201 1111		A. 10 %.
Immediate cause (a)	Coronay or	curren		July gray
Antecedent cause(s)				on street
giving rise to the above cause DUE TO stating underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA	TO THE			
19a. DATE OF OPERATION: 19b. MAJOR B	FINDING OF OPERATION:			20. AUTOPSY? Yes □ No □
PRIMARY   or CONTRIBUTING   (	PLACE (Home, farm, factor; OF street, office bldg., etc NJURY	7, 21c. (City or town	) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at Not while work (1) at work (2)	21f. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I took charg	e of the remains descri	bed above, held an	Autopsy [], Inspection [	, Inquiry , an
find that death resulted from: N	atural causes 😰 , Acci	dent [], Suicide [	, Homicide 🗌, Undet	ermined cause [
SIGNATURE		CH1EF DEPUT	MEDICAL EXAMINER Y MEDICAL EXAMINER	DATE SIGNED
Thank & I Ino	chart	M. D. ASSIST.	ANT MEDICAL EXAM.	110-26-52
23. BURIAL, CREMATION, DATE THERE REMOVAL (Specify):		RY OR CREMATORY	LOCATION (City, town, or	county) (State)
Burial 910-28-5			Rockville,	Md.
DATE REC'D BY LOCAL   REGISTRAR'S	/	24. FUNERAL DIRI	70	ADDRESS
10-26-53 Blace	im. Thampso	sk whent !	sun plung	Tethesda, M

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BECEINED

D FOR BINDING	WITH UNFADING INK. Supply every item of information carefully. The correct	Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FO	UNFADING INK. Suppl	Physicians: please write
. A15	PLEASE WRITE PLAINLY, WITH	age is especially important.
S		

	CERTIF			TH—BALT EATH	IMORE, 1	8 098 Dist. No	70
1. PLACE OF DEATH:	79		2. USUAL RESI	IDENCE (HOME			
COUNTY Montgome	2036						
CITY (If outside corporate I	limits, write RURAL LENGT	YLAND H OF STAY		aryland tside corporate lin	mits, write RUF	COUNTY MOI	arest town
TOWN Damascus	(in t	his place)	OR	Damascı	15		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(	If rural give io	cation)	1
3. NAME OF (First) DECEASED: (Type or Print) Jam			Last)	4. DATE OF DEATH:	(Month) October	(Day) (Yes	pro pro
5. SEX:   S. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE O				ER 1 YEAR IF UN	
Male White	(Specify1dowed	May A	. 1862	93	yrs.		
10a. USUAL OCCUPATION Give work done during most of wo	kind of 10b. KIND OF E	BUSINESS OR	11. BIRTIIPLA	CE (State or for		12. CITIZEN COUNTRY USA	OF WHA
13. FATHER'S NAME:			4. MOTHER'S M				
Jackson D	ay		Survi	lla Ann	Beall		
15 WAS DECEASED EVER IN U.S.AR (Yes, no, or unk.) (If Yes, give was	ar or dates of		NFORMANT &				
No service)	None		. J. Day	, Damaso	us, Ma.		
Immediate cause  Antecedent causes (s) Diseases or conditions, if a	(a) Orterio	schroti	c cardio	roscular	disease	10 9	uno
giving rise to the above ca stating the underlying cause	last. DUE TO						
11. OTHER SIGNIFICANT CONI Conditions contributing to the related to the disease or cond	e death but not					1 1	
	19b. MAJOR FINDINGS OF (	PERATION				20. A	UTOPSY
							No 🗆
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, 1 OF office bidg., et INJURY	factory, street, tc.)	(CITY OR TO	OWN)	(COUNTY)	(STATE)	
TIME (Month) (Day) (Year OF INJURY	While at N	RED ot While	110W DID INJ	URY OCCUR?			
22. I hereby certify that I a	attended the deceased fro	mept. 15	.19.4.7. to O	t. 23 1	9.55., that I	last saw the	decease
	5.5., and that death occurrence or title)		10 p.m. f				oove.
23. RURIAL, CREMATION, D. REMOVAL (Specify) O	ct.26,1955	OF CEMETER' Damascu	OR CREMATO		ON (City, town,		(State)
	ECISTRAR'S SIGNATURE	dette. 8	lin L. V	RECTOR Oleswort	h, Dama	scus, Mo	SS

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1	9	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0987
1	7. Th	Item 6, Film G188, 51/8/55 CERTIFICATE OF DEATH Reg. Dist. No. 21-3
	carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
1	carefull legibly.	COUNTY MARYLAND STATE - COUNTY -47X-3
- 1		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest tow
1	rion	TOWN 1 2 Kamp 1 2 k 3 days. Town 1 15/rich of Columbia.
FE )	mat	HOSPITAL OR STREET (If rural give location) ADDRESS
	every item of information auses of death clearly and	75 STREET ADDRESS Vas h. Janilarium & Hospilal 3918 Illinois ave N. W
	f in	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Yesr) DECEASED: OF
	m of i	(Type or Print) Dadie (N.M.) DEATH: / 5 -2/ 1953
-	iten of d	5. SEX: 6. COLOR OR 17. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 14 HR RACE: White Wildows Daya Hours Min
15/10	S S	remole 1014 xxxx 10 years Divorced. 1. 4- 05 50 yrs.
( 8	every	work done during most of working life. OR INDUSTRY: even if retired) /
Z		13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
BINDIN	Supply ite the c	0 1 0 1
	K. Su write	15. WAS DEGEASED EVER IN U.S. ARMED FOICEST 16. SOCIAL SECURITY NO. 17. NFORMANT & ADDRESS:
FOR		(Yes, ny, wive way or dates
_	G IN	18. MEDICAL CERTIFICATION INTERVAL BETWEE
RESERVED	ZG	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
3R	ADI S:	IMMEDIATE CAUSE (A) Post operative shock
ES	UNFA	ANTECEDENT CAUSE (S)
		DISEASES OR CONDITIONS, IF ANY. (B) HEMOTTARE Chirena Surgery for 10 hours
N.	1TH Phys	STATING UNDERLYING CAUSE LAST. DUE TO
ARGIN	[mail	(c) Carcinoma of head of Janereas Imperior
M	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	NI	DISEASE OR CONDITION CAUSING DEATH
1	PLAINL	Rit 27, 1955   Carcinoma of head of paneress with obstruction to common YES NO I
	ret	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 100 (City or town) (County) (State)
	WRITE	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
	F 70	OF INJURY  While Not while at work at work
	E OR	22. I hereby certify that I attended the deceased from Oct 24, 1955, to Oct 25, 1955, that I last saw the deceas
53	0.	alive on Oct 27, 1955, and that death occurred at /2 3M, from the causes and on the date stated above.
10	SE TY	SIGNATURE  ADDRESS  DATE SIGNED  SOAD CLOSE IN BUTTON 1966
	SE	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (Sta
115	≪.	Burial 10/31/55 Cedar Hill Cemetery Prince Geo. County, Md.
20	PLE	DATE RECID BY LOCAL BESISTRAT'S SIGNATURE 24. FUNERAL DIRECTOR 8434 Ga. ADPRESS
>	8.98	(319-18793) Jolian NOWY Warner to Pumpling String, Md.

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CERTIFICATE C

Reg. Dist. No.

USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: COUNTY /// STATE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give hearest town (in this place) OR TOWN TOWN ENSING-TO STREET INSTITUTION OR ADDRESS STREET ADDRESS /023 3. NAME OF (Middle) (First) DECEASED DEATH: (Type of Print) 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, Months Days (Specify): Wante 12. CITIZEN OF WILAT 10b. KIND OF BUSINESS OR foreign country): 10a. USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY: even if retired): 13. FATHER'S NAME: DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) | (If Yes, give war or dates of 607 service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death linis- A Immediate cause DUE TO Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) .. giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. inportant 20. AUTOPSY ? 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes No No (STATE) (CITY OR TOWN) (COUNTY) ACCIDENT PLACE (Home, farm, factory, street, (Specify) SUICIDE office bldg., etc.) INJURY HOMICIDE pecially TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY Work [ At Work 22. I hereby certify that I attended the deceased from [ to Och 15., 1951; that I last saw the deceased 2.4M., from the causes and on the date stated above. alive on Och 19.3. and that death occurred at

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09873

#### CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

Bethesda, Md.

1. PLACE OF DEATH: 388	2. USUAL RESIDENCE (HOME) OF DECEASED:
Mond nome and	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR
X TOWN Bethesda   12 days	Town Bethesda X
HOSPITAL OR The Clinical Center STREET ADDRESS Bethesda, Maryland	STREET (If rural give location) ADDRESS 6203 Verne Street
	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Paul George Dem	nonet DEATH: Oct. 19 , 19 55
S. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE   WIDOWED, DIVORCED.	OF BIRTH:  9. AGE last birthday  15 UNDER 1 YEAR  Months Days  Hours Min.
DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent G.S.A. (U.S. Gov	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME:	District of Columbia   U.S.A.
George H. Demonet	Emily Brandt
S. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
Yes, no, or unk. (If Yes, give war or dates les. None	The Medical Record, The Clinical Center.
STATING UNDERLYING CAUSE LAST. (C)	entire shock due to Rt pneumonecting -
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
3 10-19-55 Carcings of Rt	LUNG 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
DF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct.	7, 1955, to Oct. 19, 1955, that I last saw the deceased
alive on Oct. 19, , 1955, and that death occurred ats	5:45PM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED 10. 20.4
23. BURIAL, CREMATION, DATE THEREOF AMAME OF CEMETE	National Arlington, Virginia (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR ADDRESS

DECENAED

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1809874

Y. Th		9882 CERTIFICATI	E OF DEATH Reg. Dist. No.	16
	oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
carefully	legibly.	COUNTY MONTGOMERY MARYLAND	STATE Virginia COUNTY Buchanan	
. /		CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give r	earest tow
ation		TOWN Bethesda 125 days	Town Marvin 83X	3
information	death clearly	HOSPITAL OR The Clinical Center Bethesda, Maryland	STREET (If rural give location)	
i.	h c	DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
90	eat	(Type or Print) Lva Lee Deski	ns DEATH: Oct. 20,	1955
item	of	RACE: WIDOWED, DIVORCED,	13. 1930  9. AGE last birthday   IF UNDER 1 YEAR   HOU HOURS   HOU	urs Min
4G		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Home	ri. BIRTHPLACE (State or foreign country):   12. CITIZEN COUNTRY U.S.	Y7
	the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Sunnly	te th	Holland Hale	Leoma Hurt	
X X	. 'E	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Z		(Yes, no, or unk.) (If Yes, give war or dates of service) 229-46-6792	The Medical Record, The Clinical Co	enter
MAKGIN KESEKVED FOK BINKING Y	Physician	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1999 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C) Management	a pleural cavilles!	AND DEAT
Y. 7.	2 2	IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	sly.	1-20
ATNLY	4	3 7/12/55 Curcuma M.	edienel area yes	UTOPSY?
VRITE PL		21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINES)  21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,		(State)
WRIT	je-	21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D   21F. HOW DID INJURY OCCUR?	
OR		22. I hereby certify that I attended the deceased from June.	20 1955 to Oct. 26 1055 that I lest saw th	o decease
TVPE	rect ag	alive on 9ct. 26, 1955, and that death occurred at	22:10M, from the causes and on the date stated a  ADDRESS  DATE SIGNE  A. D. The Clinical Center, NIH, Bethesda	bove.
A A A	2	23. BURIAL REMATION, DATE THEREOF NAME OF CEMETI PREMOVAL REPECTED CIENCE VALLE	TERY OR CREMATORY   LOCATION (City, town, or equity)	Stat
-	-	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1/24. FUNERAL DIRECTOR / ADDRI	

DATE REC'D BY LOCAL REGISTRAR

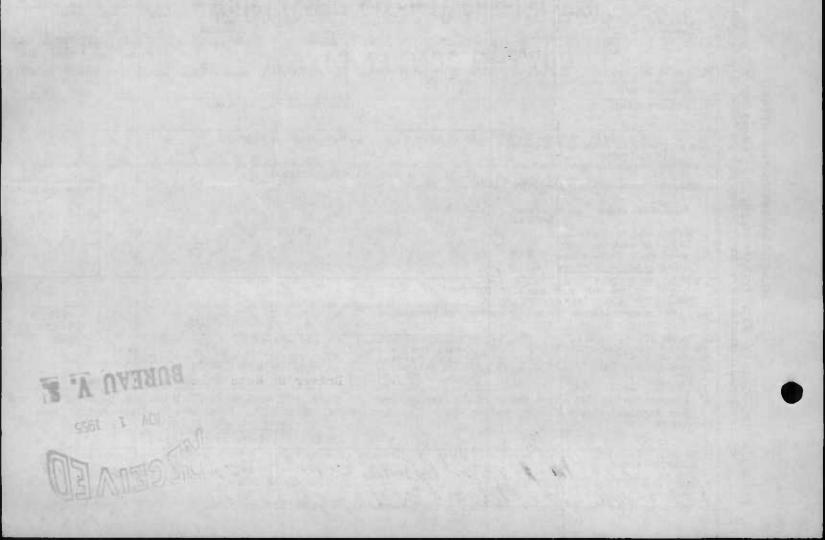
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Item 21 MARYLAND STATE DEPARTMENT O	F HEALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH No.2-2-3-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MENTYCHIEN MARYLAND	STATE PA. COUNTY (hester
CITY (If outside corporate limits, write RURAL LENGTH OF STORM and give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL LENGTH OF STORM)  (ip this place	TAY CITY (If outside corporate limits write RURAL and give nearest town OR TOWN AUM AUM RD = 1 (75 X - 3
HOSPITAL OR INSTITUTION OR Wash San & Herp	STREET (If rural, give location) ADDRESS 1500 yds E.o. aphoffs Trucking Co.
8. NAME OF Stroley (First) Middle (Middle) V DECEASED! (Type or Print) = Stroley	(Last) 4. DATE (Month) (Day) (Year) OF DEATH / 30 1955
RACE: WIDOWED, DIVORCED,	DATE OF BIRTH:  9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HI  OF 16 1935 Yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Secretary INDUSTRY:	S OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILL COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mr. Joseph Distetano	Mory Malaspiriti
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	mr. Ene die Disterano Quen dale Pennsyl
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	Elserning Steeler
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last	shull
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Etusi
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATIO	N: 20. AUTOPSY? Yes [] No []
PRIMARY Or CONTRIBUTING OF Street, office bldg. CAUSE OF DEATH.	es Deline Spung Monty md
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not will not work □ at work	ile 21f. HOW DID IN URY OCCUR?
find that death resulted from: Natural causes [], A SIGNATURE	scribed above, held an Autopsy , Inspection , Inquiry , a Accident , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMIN REMOVAL (Specify):  WATE REC'D BY LOCAL REGISTRAR'S EGNATURE	CETERY OR CREMATORY LOCATION (City, town, or county) (State)
ES 30-1945 / Tillian Lock	1 Just Genless Sono 1756 Pa Gae M
//	11/1/11/11/18



1432 U Street, N.W. Washington, D.C.

RUREAU V. S.

9884 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
TODICAT ENAMINEDES SEDUMENCAME OF	TAT

0	9	87 Reg.	7 Dist.

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No. 2/6
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONGMARYLAND	STATE Ma COUNTY Mont	gomery
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  Lincha  LENGTH OF STA  (in this place)	Y CITY (If outside corporate limits write RURAL a TOWN Betness Ca	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  Libritan 140-b	STREET ADDRESS 6510 Byadley	Blud!
S. NAME OF DECEASED: (First) John Anthony Do	(Lest) 4. DATE (Month) (D. YSEY DEATH OCT, 3	O 19 5 5
Male white Specify Single Au	9.00,731   yrs. 2	YEAR IF UNDER 24 HRS. Days Hours   Min.
work done during most of work life, even if retired): Studen	Washington, O.C.	2. CITIZEN OF WHAT
John H Doxsey	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO.: Wes-Unknown	17. INFORMANT & ADDRESS: John H. Do 6510 Bradley Blvd. Beth. Mo	ersey-Fathe
10 1 10	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	a shark	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause  (a)  DUE TO	a d	mun i
Antecedent cause(s)  Diseases or conditions if any (b) Austure Abdom	wink porta	mais 7
Diseases or conditions, if any, (b). It is giving risc to the above cause DUE TO	4	
stating underlying cause last (c) burn Shot wound	L (Shot gum) Abdonne	min 7
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ▼ No □
21a. EXTERNAL CAUSE WAS I'RIMARY or CONTRIBUTING OF Street office bldg., et CAUSE OF DEATH.	County)  Betherdor Monto	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 10-30-55-7:62 PM. Work I at work	21f. HOW DID INJURY OCCUR?	ut mate
22. I hereby certify that I took charge of the remains descr		], Inquiry [], and
find that death resulted from: Natural causes [], Acc	ident , Suicide , Homicide , Undet	ermined cause
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETE	M. D. ASSISTANT MEDICAL EXAM.  ERY OR CREMATORY   LOCATION (City, town, or	1000
DEMONAT (Charles) 6	National Cem Arlington	Virginia
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	ADDRESS
REG. 11/1/55 1104 /21 Hornham	Kabert a. Langhen B	ethesda, Md.

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Physicians:

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19A. DATE OF OPERATION:

000-	ATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 09878 C OF DEATH Reg. Dist. No. 214
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery CITY (If outside corporate limits, write R' OR and give nearest town) Silver Spring	MARYLAND URAL LENGTH OF STAY (in this place)	STATE Maryland COUNTY Montgomery CITYIII outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8310 16th St	treet, Apt. 116	ADDRESS 8310 16th Street, Apt. 116
3. NAME OF (First) DECEASED: (Type or Print) Auna Mc	Middle)  7: Llau Dor	Last) 4. DATE (Month) (Day) (Year) OF DEATH: Det. /6 1955
RACE: WIDOWE	MARRIED, 8. DATE D. DIVORCED. July 3	O, 1872 9. AGE last birthday IF UNDER 1 YEAR HOURS A HAS.  Months Days Hours Min.
work done during most of working life. even if retired Homemaker (retire	OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Ireland  U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:
James Agnew McMillan		Anna Jane Wiggins
15. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	none	Mrs. James G. Douglass, 8310 16th St.,
The same of the sa	8. MEDICAL CERTIFICAT	on Silver Spring Maryl and
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	ONSET AND DEATH
420.0	000	A / / / / / / / / / / / / / / / / / / /
IMMEDIATE CAUSE	(A)	tue rear facture sys.
ANTECEDENT CAUSE (S)	UE TO A	0 4. 11 120.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Orlows	larate Maril drago 10 y
	(C)	

21A. ACCIDENT WAS UNDERLYING

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH MAJOR FINDINGS OF OPERATION

20 20. YES [ No

(State)

(County)

OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) While Not while 210. TIME (Month) (Day) (Year) (Hour) OF INJURY

198.

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

21c. WHERE DID (City or town)

Och 16, 195, that I last saw the deceased 195 4, to 22. I hereby certify that I attended the deceased from :30 PM, from the causes and on the date stated above. , and that death occurred at ? 195 alive on SIGNATURE ADDRESS DATE SIGNED

218. PLACE (Home, farm, factory.

at work

at work

23. BURIAL, CREMA REMOVAL (SPECU Trans. & Burial NAME OF CEMETERY OR CREMATORY TION, VIDATI Riverview Cemetery

Clarksville, Montg. Co., Tenn.

Spring,

LOCATION (City, town, or county)

DATE REC'D BY LOCAL REGISTRAR 10-18-

BUREAU V. S.

001 20 1955

DIAMINED

VS. A15

9886 CERTIFICATE OF DEATH Reg. Dist.	09879 No.
1. PLACE OF DEATH:  COUNTY MONT COMERY  MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OR and give nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS 87/A  CITY (If outside corporate limits, write RURAL and OR TOWN STREET ADDRESS 87/A  CITY (If outside corporate limits, write RURAL and OR TOWN STREET (If rural give location))	ry Mentgomeny d give nearest toyn) 54
3. NAME OF DECEASED: (First) (Middle) (Last) 4. DATE (Month) (Day) OF DECEASED: (Type or Print) MAE AVADA DOW DEATH: OCT 3  5. SEX: 5. COLOR OR RACE: WIDOWED, DIVORCED, WIDOWED, DIVORCED, TOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN D	
ROKEY HAWK Unknown	USA.
18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420-1 Immediate cause  (a) Leute myocardial infanction  DUE TO  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lisst.  DUE TO  (b) Spectensive Cardinassular disease stating the underlying cause lisst.  DUE TO	Interval Between Onset And Death
(c)	254 5 1551 y Colk 2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	/Mo, 20. AUTOPSY? Yes □ No Ø
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	/mo.

DECENAED

OC1 2 1922

BUREAU V. S.

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VS. A15

MARYLAND STATE DEPARTMEN  9887 CERTIFICATI	00880	>
1. PLACE OF DEATH:  4702-CHEVY CHASE BOULEVARD  COUNTY Montgomery MARYLAND  CITY (If outside corporate town) OR and give nearest town) TOWN Chevy Chase, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE Maryland COUNTY Montgol CITY (If outside corporate limits, write RURAL and give nearest to or TOWN Chevy Chase, Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 4702-CHEVY CHASE BOULEVARD	
Female S. COLOR OR RACE: WIDOWED, DIVORCED, Specify): Widowed Dec.	29,1877   77 yrs.   9	lin.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife At Home  13. FATHER'S NAME:	St. Mary's County, Md. U.S.A.	HAT
Giles Hill	Julia J.Hazel	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of None MY	S.Yves Guillory, New Orleans, LaD	AU.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Had a language (a) My a wardful (b) DUE TO  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  (c)	infarction (day	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arctim 17 day	15
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOP	SY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	17_
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While   INJURY   Not Work   At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July (1)  alive on work 23, 1951, and that death occurred at 7.  SIGNATURE (Degree or title)  ACLES BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER  REMOVAL (Specify)	19.55, to Orwer W, 19.57, that I last saw the decention, from the causes and on the date stated above.  ADDRESS  ON WAShingken 7, D.C. ONTO Y 15.  RY OR CREMATORY LOCATION (City, town, or county) (State  In Cemetery Prince Geo. County Md  24. FUNERAL DIRECTOR  ADDRESS	

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### PARTMENT OF HEALTH—BALTIMORE, 18

AKYLAND	STATE	DE
9888	OFI	PUT

MARGIN RESERVED FOR BINDING

TEICATE OF DEATH

even if retired) Mariner MD Mariner Retired Massachusetts  13. FATHER'S NAME:  Eduard R. EATON  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yand), or unk.) (If yes, sive war or dated Unknown Same as above  16. SOCIAL SECURITY NO. UIFORMANT & ADDRESS: Wife Mrs. Fanny F. EATON Same as above  18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  193. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION  2. YELLOW TO MASSACHUSE SAID MASSACHUSE STATION MASSACHUSE ST	N.W. / (Year) 9 19 55   IP UNDER 24 HRS.   Hours   Min.
CITY If outside corporate limits, write RURAL OR STAY (in this place)  OR and give nearest town)  FORM Bethesda, Rural  HOSPITAL OR STREET ADDRESS  J. NAME OF STREET ADDRESS  J. NAME OF OF Print)  DECEASED: (Middle)  J. SEX: SEX: SEX: SEX: SEX: SEX: SEX: SEX:	N.W. V (Year) 9 1955  IF UNDER 24 HRS. HOUTS MIN. FIZEN OF WHAT UNTRY? US
TOWN Bethesda, Rural  HOSPITAL OR STREET ADDRESS U. S. Naval Hospital  STREET ADDRESS (If rural give location)  STREET (If rural give location)  ADDRESS (If rural give location)  STREET (If rural give location)  ADDRESS (If rural give location)  ADDRESS (If rural give location)  ADDRESS (If rural give location)  STREET (If rural give location)  ADDRESS (If rural giv	N.W. (Year) 9 1955  IF UNDER 24 HRS. HOUTS MIN. FIZEN OF WHAT UNTRY? US
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital  2300 Connecticut Avenue,  240 Date (Month) (Day)  250 EATON  260	(Year) 9 19 55   IF UNDER 24 HRS. HOURS   MIn. FIZEN OF WHAT UNTRY? US
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: (Type or Print) William Edward EATON  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. Male White (Specify): Married 11-7-82  OA. USUAL OCCUPATION (Give kind of working life, even if retired) Mariner MD  OA. USUAL OCCUPATION (Give kind of working life, even if retired) Mariner MD  OA. USUAL OCCUPATION (Give kind of more in the property of service) Married 11-7-82  OA. USUAL OCCUPATION (Give kind of more in the property in the property of service) Marriner MD  OA. USUAL OCCUPATION (Give kind of more in the property in the prope	(Year) 9 19 55   IF UNDER 24 HRS. HOURS   MIn. FIZEN OF WHAT UNTRY? US
(Type or Print) WILLIAM Edward EATON DEATH: October 10  5. SEX: 6. COLOR OR 7. SINGLE MARRIED, WIDOWCED, DIVORCED, RACE: WIDOWCED, DIVORCED, B. DATE OF BIRTH: 9. AGE last birthday If Under 1 Text Months Days Married 11-7-82 72 yrs. Months Days Married 11-7-82 72 yrs. Months Days Married 11-7-82 72 yrs. Months Days OR INDUSTRY: OR INDUSTRY: Massachusetts  13. FATHER'S NAME: Is BIRTHPLACE (State or foreign country): 12. CIT COUNTRY: Massachusetts  13. FATHER'S NAME: Is BOCKASED, EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO. IS. WAS DECRASED, EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO. WITE Mrs. Family F. EATON Same as above  15. MEDICAL CERTIFICATION  16. MEDICAL CERTIFICATION  17. UNFORMANT ADDRESS: WITE Mrs. Family F. EATON Same as above  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. DISEASE OR CONDITIONS, IF ANY. (B) DUE TO COUNTRIBUTING TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION  2. YELDOWCH TO THE DISEASE OR CONDITION CAUSING DEATH.	HOUTS MIN. TIZEN OF WHAT UNTRY? US
S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, Wildowed, Divorced, Specify): Married 11-7-82 72 yrs. Months Days  OA. USUAL OCCUPATION (Give kind of work done during most of working life, or industry: OR INDUSTRY: OR INDUSTRY: Marshall Mariner MD Mariner Retired Massachusetts  13. FATHER'S NAME: Is abel BYERS  14. MOTHER'S MAIDEN NAME: Is abel BYERS  15. SOCIAL SECURITY NO. If Yes, give were dated of or unix.) (If Yes, give were dated of or unix.) (If Yes, give were dated in the process of service) will be to the most of service will be to the service of the process of service will be to the process of conditions directly leading to Beath  15. MEDICAL CERTIFICATION INTO Same as above  16. Marshall Security No. If Yes, give were dated in the process of service will be to the process of conditions directly leading to Beath  15. MEDICAL CERTIFICATION INTO Same as above  16. Marshall Security No. If Yes, give were dated to the process of the process of conditions directly leading to Beath  16. MEDICAL CERTIFICATION INTO Same as above  17. INFORMANT & ADDRESS: Wille MTS. Fanny F. EATON Same as above  18. MEDICAL CERTIFICATION INTO Same as above  19. MARSHALL SECURITY NO. INTO SAME ADDRESS: Wille MTS. Fanny F. EATON Same as above  18. MEDICAL CERTIFICATION INTO Same as above  19. MARSHALL SECURITY NO. INTO SAME as above as above with the process of the process o	Hours Min.
OA. USUAL OCCUPATION (Give kind of working life even if retired) Mariner MD  OR INDUSTRY:  Mariner Retired  Massachusetts  14. MOTHER'S MAIDEN NAME:  Edward R. EATON  15. WAS DECEASED EVER IN U.S. ARMED FORCES!  (Yeb. of unk.) (If Yes, give war of dates) of service) WW I WW III  I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS  198. MAJOR FINDINGS OF OPERATION  198. MAJOR FINDINGS OF OPERATION  20. TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  198. MAJOR FINDINGS OF OPERATION  21. BIRTHPLACE (State or foreign country):  Massachusetts  14. MOTHER'S MAIDEN NAME:  Isabel BYERS  17. INTERPREDATE STATING INTERPREDATE SECURITY NO.  WITE MTS. Fanny F. EATON  Same as above  18. MEDICAL CERTIFICATION  INTERPREDATE SECURITY NO.  (A)  DUE TO  (C)  10. TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  199. MAJOR FINDINGS OF OPERATION	US  TERVAL BETWEEN
Isabel BYERS  Is was deceased ever in U.S. Armed Forces?  (Yand, or unk.) (If Yes, give war of dates of service) WW I WW II Unknown  Is medical certification  Interest of the above cause (s)  Diseases or conditions, if any. Giving rise to the above cause stating underlying cause last.  If other significant conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or condition causing death.  Isabel BYERS  17. Unformant a Address: Wife Mrs. Fanny F. EATON Same as above  INTERIOR OF SAME AS ADDRESS: Wife Mrs. Fanny F. EATON Same as above  INTERIOR OF UNKNOWN SAME AS ABOVE OF UNKNOWN SAME AS AB	
18. WAS DECEASED, EVER IN U.S. ARMED FORCES!  (Yeard, or unk.) (If Yes, give, war of dates of service) WW I WW II Unknown Same as above  18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  2. YI	
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  2. YI	
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH  (A)  DIMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  2. YI	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 2. YI	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 2: YE	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21	
ACCUPANT WAS UNDERLYING TO SEE PLACE (Home form forton) SEE WILDER DID (Clause town) (County)	ZO. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, or control of the c	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the deceased from 14 Oct., 1955, to 19 Oct., 1955, that I last save alive on 190ct., 1955, and that death occurred at 9:05PM, from the causes and on the date state address.  R.J. AC CARTHY LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland  BURIAL. CREMATION, DATE HEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries).  BURIAL. CREMATION, DATE HEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries).  BURIAL. CREMATION, DATE HEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries).  BURIAL. CREMATION, DATE HEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries).  BURIAL. CREMATION, DATE HEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries).	ted above.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FA. Fumphrey Funeral Home All Registrar 20 Oct 1955 Mary 6. taxelly 7557 Wisconsin Avenue, Bethesday	ginia

BUREAU V. S.

001 21 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DATE THEREOF

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23. BURIAL, CREMATION.

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR

The Medical Record, The Clinical Center INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES . NO [ (County) (State) , and that death occurred at 12:38 M, from the causes and on the date stated above. M. D. The Clinical Center, NIH, Bethesda, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Arlington Nat. Cem. Arlington, Virginia REGISTRAR'S SIGNATURE RECTOR Bethesda.

(Year)

Hours

Days

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09884 Reg. Dist.

A12.1-A7.2-A1.1-					9
IEDICAL	EXAMINER'S	CERTIFICA	ATE OF	DEATH	No. 214

	MEDICAL EXAMINER'S CER	RTIFICATE	OF DEATH	No 214
	I. PLACE OF DEATH:	2. USUAL RESIDEN	CE (HOME) OF DECEASED:	
. A	COUNTY Montgomery MARYLAND	STATE Inc	COUNTY Ments	>
legibly.	CITY (If outside corporate limits, write RURAL (in this place) TOWN (in this place)		corporate limits write RURAL and	
y and	HOSPITAL OR INSTITUTION OR INSTITUTION OR STREET ADDRESS /// U.S. Jellewood Rd	STREET ADDRESS // 7	102 Dellewood	Ref
clearly	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Many Elizabeth En	(Last)	4. DATE (Month) (Day OF DEATH (Ust /)	- 1955-
death	RACE: WIDOWED, DIVORCED, 3-1	0-33	2. AGE last birthday: IF UNOER 1 X. Months Da	ys Hours Min.
of	work done during most of work life, even if retired): Transversal Own home	or 11. BIRTHPLACE		COUNTRY?
causes	13. FATHER'S NAME:	14. MOTHER'S MAII		
g	Roy & Bowman	Mary E. Ste	ele	
te the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & A	/ 1/2	an Min 2
write t		CAL CERTIFICATION		INTERVAL BETWEEN
please	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	, , ,		ONSET AND DEATH
lea	Immediate cause (a) Cliente Caust	sur Jacher	~ (	1274
Physicians: p	Antecedent cause(s)	1 10		
	Diseases or conditions, if any, (b)	Cistlema		172
	giving rise to the above cause DUE TO stating underlying cause last			
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes No No
•	21a. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ OF street, office bldg., etc. CAUSE OF DEATH.	с.,		(State)
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury M. work \( \begin{array}{c ccccccccccccccccccccccccccccccccccc	21f. HOW DID II	NJURY OCCUR?	
especially	22. I hereby certify that I took charge of the remains descri			
13 6	find that death resulted from: Natural causes S. Acci	ident [], Suicide [	], Homicide □, Undeter	mined cause [].
ge 1	Frank & Broschaut	M. D. ASSIST	MEDICAL EXAMINER TY MEDICAL EXAMINER TANT MEDICAL EXAM	10.15-53
20	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETE		LOCATION (City, town, or con	unty) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7-55	24. FUNERAL DIR	EGTOR 8434 Ga	AVE .
		The state of the s	umparty Silver Sprin	M.C.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

001 20 1955

BUREAU V. S.

DATE REC'D BY LOCAL REGISTRAR /////55

9892 CERTIFICATE	E OF DEATH Reg. Dist. No.	2/6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Montgomery Maryland	STATE Maryland COUNTY Montgom	erv
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give	nearest town
OR and give nearest town) (In this place)	Town Chevy Chase	X
HOSPITAL OR Lake	STREET (If rural give location) ADDRESS 24 07 01 (1)	. 1
street Address 3607 Chevy Chase Drive	ADDRESS 3607 Ch.Chase Lake Dr	ive
DECEASED	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Margaret F	OF BIRTH: 9. AGE last birthday   F under   YEAR   IF	19 55
RACE: WIDOWED, DIVORCED.	Months Days Ho	ours   Min.
emale White Specify widowed Jan.	10,1864   91 yrs.   9   20   11. BIRTHPLACE (State or foreign country):  12. CITIZE	N OF WHA
work done during most of working life, even if retired): Housewife Home	New York USA	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
? Fennell	Unknown	
WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Mrs. Russel P	
es, no, or unk.) (If Yes, give war or dates  no None	Andrews-Daughter 3607 Ch. Lh.L.	ake Dr
18. MEDICAL CERTIFICATI	7111	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET	AND DEAT
IMMEDIATE CAUSE (A)	el accialle	anys
ANTECEDENT CAUSE (S)	el accidint s	
SIVING RISE TO THE ABOVE CAUSE DUE TO	second y	eas.
STATING UNDERLYING CAUSE LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	20.	AUTOPSY7
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	YES	NO D
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  11A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact R CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office hidg.,	YES (County)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9a. DATE OF OPERATION:  11a. ACCIDENT WAS UNDERLYING OF OPERATION  11b. CONTRIBUTING OCAUSE OF DEATH OF INJURY street, office hidg., 11f EITHER, NOTIFY MEDICAL EXAMINER)  11b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	tory, etc.   21c. WHERE DID (City or town) (County) etc.   INJURY OCCUR?	NO D
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office hidg., 11F EITHER, NOTIFY MEDICAL EXAMINER)  11D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	tory, etc.   21c. WHERE DID (City or town) (County) etc.   INJURY OCCUR?	NO D
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact of Contributing   Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while of While work   At work   1	tory, etc.   21c. WHERE DID (City or town) (County)  21f. HOW DID INJURY OCCUR?	(State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office hidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRED While Not while at work  22. I hereby certify that I attended the deceased from Aug.	tory, etc.   21c. WHERE DID (City or town) (County)    21f. HOW DID INJURY OCCUR?	(State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office hidg., (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work   22. I hereby certify that I attended the deceased from Away.	21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1953 to Cut 30, 190, that I last saw to the causes and on the date stated ADDRESS	(State)  (State)  he decease above.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office hidg., (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work   at work   at work   at work   alive on Augustus 28, 19 JT, and that death occurred at SIGNATURF B. Rudle M.	21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1953 to Cuty 30, 190, that I last saw the causes and on the date stated ADDRESS DATE SIGN D. 3900 mulitary SDC 10-6	(State)  (State)  he decease above.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  11A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OF INJURY street, office hidg., if either, notify medical examiner)  11D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work   at work   22. I hereby certify that I attended the deceased from Aug. alive on Aug. 28, 19 J., and that death occurred at SIGNATURF B. Augle M.	tory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1953 to Cut 30, 190, that I last saw the Address Date sign Date	(State)  (State)  he decease above.

Bethesda, Md.

BUREAU V. S.

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The correct age

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BINDING	3E WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully! is especially important. Physicians: please write the causes of death clearly and legibly.
OR	e C
VED FO	Supply write th
RESER	INK.
MARGIN RESERVE	UNFADING t. Physicians:
	WITH
	PLAINLY,
	WRITE
	PLEASE

VS. A15

9893

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

09886

### CERTIFICATE OF DEATH

I. PLACE OF DEATH   COUNTY   MONT COLLETY   CO   MARYLAND   COUNTY   COUN	Items 0,7,11,13,14 FilmG188 10-20-55 et			
MONTGOLETY GO MARYLAND  CITY (II counted corporate limits, write RURAL and LENGTH OF STAY  (In, this phase)  TOWN STEED STADERS  CITY (II counted corporate limits, write RURAL and give nearest town)  TOWN STEED STADERS  STREET ADDRESS  TOWN SCHOOL  INSTITUTION OR SUBBIT DATE TO STAY  (II) LAST CONN  STREET ADDRESS  1. NAME STADERS  CITY (II) counted corporate limits, write RURAL and give nearest town)  TOWN  STREET ADDRESS  1. DATE (Month)  (Day) (Year)  1. DATE (Month)  TOWN  STREET ADDRESS  TOWN  TOWN  TOWN  STREET ADDRESS  TOWN  TOWN  TOWN  STREET ADDRESS  TOWN  TOWN  TOWN  TOWN  STREET ADDRESS  TOWN  TOWN  TOWN  TOWN  STREET ADDRESS  TOWN  TOWN  TOWN  TOWN  STREET ADDRESS  TOWN  TO		2. USUAL RESIDENCE (HO		
CITY (II outside corporate limits, write RURAL and control of this place)  TOWN SCHOOL OF A CONTROL OF CONTROL	COUNTY Montgomery Co MARYLAND	STATE 4014: W	ash COUNT	The state of the s
TOWN   MOSPITAL OR   MOSPITAL OR   MOSPITAL OR   MOSPITAL OR     INSTITUTION OR   MOSPITAL OR   MOSPITAL OR     INSTITUTION OR     INSTITUTION OR   MOSPITAL OR     INSTITUTION OR	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (II outside corporate	limits, write RURAL and gi	ve nearest town)
3. NAME OF (First) (Middle) (Last) (Last) (Middle) (Last) (Last) (Middle) (Mi			8	4-7x-31
3. NAME OF (First) (Middle) (Last) (Last) (Middle) (Last) (Last) (Middle) (Mi	HOSPITAL OR		(If rural, give location)	7
DECRASED OF PINTS OF SEX OF COLOR OR RACE OF SINGLE MARRIED OF SEX OF COLOR OR RACE OF SINGLE MARRIED	4 STREET ADDRESS Suburban Hospital	ADDRESS 330-	Upland 1	brrace N.W.
Type or Print)  S. SEX  S. COLOR OR RACE  7. SINGLE MARRIED. WIDOWED, DIVORCED. CORPORATE  1. SINGLE MARRIED. WIDOWED, DIVORCED. CORPORATE  1. SINGLE MARRIED. WIDOWED, DIVORCED. CORPORATION (cive kind of work conduction and control of the kind of work does during most of working life, even if retired)  1. SIATHER'S NAME  1. SIATHER'S NAME  David Fegan  1. SIATHER'S NAME  David Fegan  1. SOCIAL SECURITY NO.  1. SIATHER'S NAME  David Fegan  1. SOCIAL SECURITY NO.  1. SIATHER'S MAIDEN NAME  CONNENTY, S. A.  1. SIATHER'S MAIDEN NAME  CONNENTY, S. A.  1. SIATHER'S MAIDEN NAME  1. SIATHER'S WARDEN NAME  1. SIATHER'S WARDEN NAME  1. SOCIAL SECURITY NO.  1. SIATHER'S MAIDEN NAME  CONNENTY, S. A.  1. SIATHER'S MAIDEN NAME  1. SOCIAL SECURITY NO.  1. SIATHER'S MAIDEN NAME  CONNENTY, S. A.  1. SIATHER'S MAIDEN NAME  CONNENTY, S. A.  1. SIATHER'S MAIDEN NAME  1. SOCIAL SECURITY NO.  1. SOCIAL SECURITY NO.  1. SOCIAL SECURITY NO.  1. SIATHER'S MAIDEN NAME  CONNENTY, S. A.  1. SIATHER'S MAIDEN NAME  1. SOCIAL SECURITY NO.  1. SIATHER'S MAIDEN NAME  CONNENTY, S. A.  1. SIATHER'S MAIDEN NAME  CONNENTY, S. A.  1. SIATHER'S MAIDEN NAME  1. SOCIAL SECURITY NO.  1. SOCIAL SECURITY NO		(Last)	4. DATE (Month)	(Day) (Year)
5. SEX  6. COLOR OR RACE  MIDWESD, DIVORGED,  (Specify)  10s. USUAL OCCUPATION (Cive bind of work done during most of working life, even if retired)  10s. USUAL OCCUPATION (Cive bind of work done during most of working life, even if retired)  10s. USUAL OCCUPATION (Cive bind of work done during most of working life, even if retired)  10s. DECLARED STATE  10s. FATHER'S NAME  David Fegan  16. Social Security No.  16. Social Security No.  17. INFORMANT AND ADDRESS  (Yea, no, or unknown)  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. DATE OF OFFERATION  20. AUTOPSYI  Yes  NOTE:  10. OTHER SIGNIFICANT  19. DATE OF OFFERATION  21. ACCUENT  19. DATE OF OFFERATION  22. I hereby certify that I attended the deceased from the curred at Not while Work  19. DATE OF OFFERATION  22. I hereby certify that I attended the deceased from the curred at Not while Work  23. BURIAL CREMATION DATE THEREOF  10. DATE SIGNED	(Type or Print) John J Fegen			55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  15b. WAS DECRATED EVER IN U.S. ABMED FORCES   16b. SOCIAL SECURITY NO.   17b. INFORMANT AND ADDRESS   15b. WAS DECRATED EVER IN U.S. ABMED FORCES   16b. SOCIAL SECURITY NO.   17b. INFORMANT AND ADDRESS   15b. MEDICAL CERTIFICATION   17b. MEDICAL CERTIFICATION   17b. INFORMANT AND ADDRESS   15b. MEDICAL CERTIFICATION   17b. MEDICAL CERTIFICATION   17b. INFORMANT AND ADDRESS   15b. MEDICAL CERTIFICATION   17b. MEDICAL CERTIFICATION   17b	8. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		. AGE last birtbday   If under	1 year  If under 24 hrs.
done during most of working life, even if retired)    INDUSTRY   I	M (Specify) Marries.		(5 yrs. )	Days Hours Min.
David Fegan  16. Wis Deceased Even in U.S. Armed Forces?  17. Informant and address Make  18. Wis Deceased Even in U.S. Armed Forces?  18. Medical Certification  19. Diseases or conditions directly Leading to Death  Immediate cause  (a) Ceyedyal Taylor Death  Immediate cause  (a) Ceyedyal Taylor Death  Interest and Death  In		11. BIRTHPLACE (State or i	oreign country) 1:	2. CITIZEN OF WHAT
David Fegan  16. Wis Deceased Even in U.S. Armed Forces?  17. Informant and address Make  18. Wis Deceased Even in U.S. Armed Forces?  18. Medical Certification  19. Diseases or conditions directly Leading to Death  Immediate cause  (a) Ceyedyal Taylor Death  Immediate cause  (a) Ceyedyal Taylor Death  Interest and Death  In	Engraver Engraving			COUNTET U, S.A.
16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS  (Yes, no, or unknown) (Iyes, give war or dates of service)  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. Date of the destroy of		14. MOTHER'S MAIDEN N	VAME	
Timediate cause   Second Conditions of the state of the			celia Wright	
Is. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Ceyebya Made and Death One of the Conditions of International Ceyebya Made and Death M				
Immediate cause  (a) Ceyebra Throman Burream Ones and Ones and Ones and Death  Immediate cause  (a) Ceyebra Throman Death  Attended to cause (a) Ceyebra Throman Death  Immediate cause (a) Ceyebra Throman Death  Attended to cause (b) Diseases or conditions, if any, giving rise to the above cause (c)  In other significant conditions contributing to the death but not related to the disease or condition causing death. Disease or condition cause is at the death or cause and on the date stated above. Signature (County) (STATE) (CITY OR TOWN) (CITY OR TOWN) (COUNTY) (STATE) (CITY OR TOWN) (CITY OR	(service)	Mrs John J Feg	an	
Immediate cause  (a) Ceyebya Thyo made of the second of th	18. MEDICAL CE	RTIFICATION		Fillian Line
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) injury occurred while at work the stated above.  22. I hereby certify that I attended the deceased from Julian 15, 1955, to the stated above.  SIGNATURE  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Mt. Olivet  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  DATE SIGNATURE  25. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  26. AUTOPSY?  Year   Year	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONEST AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while Not while At work  Work Action of Attended the deceased from Juliar 1, 1955, that I last saw the deceased alive on Control of the course of	332X Canalym1	Throng		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE HOMICIDE   OF office bidg., etc.)    17. INJURY (CITY OR TOWN) (COUNTY) (STATE)    18. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE   No (STATE)    19a. DATE (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not While   Not While   Not While   Not While   Not While   Not Work   At work   At work   At work    22. I hereby certify that I attended the deceased from J. A. (1.7, 19.5.7., that I last saw the deceased alive on Oct. 1 (1.9.5.7., and that death occurred at	Immediate cause (a) CEYED FC	1 heramb	0212	Shop C
giving rise to the above cause sast  26 0 X  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  12. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) FINJURY  22. I hereby certify that I attended the deceased from JUAC 15, 1955, to Carlo 1955, that I last saw the deceased alive on Carlo 1955, and that death occurred at 5 DATE SIGNATURE  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Mt. Olivet  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	Antecedent cause(s)			
in other significant conditions contributing to the death but not related to the disease or condition causing death.  19a. Date of operation   19b. Major findings of operation   19b. Major fi		**************************************	**************************************	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY! Yes   No   No   21. ACCIDENT   Specify   PLACE (Home, Iarm, factory, street, OF office bidg., etc.)   INJURY   STATE)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR!  OF   INJURY   HOW DID INJURY OCCUR!  22. I hereby certify that I attended the deceased from JUAC   5, 1955, to let   1955, that I last saw the deceased alive on   1955, and that death occurred at   5, 1955, to let   1955, that I last saw the deceased alive on   OF   OF   OF   OF   OF   OF   OF   O				
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!  Yes   No    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE HOMICIDE   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While Not While   No				1
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY!   Yes   No   Yes		D// //:		1110000
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While at Work At work  22. I hereby certify that I attended the deceased from June 15, 1955, to Carlon (1955, that I last saw the deceased alive on Carlon (Degree or title) ADDRESS  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  DATE SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	related to the disease or condition causing death.	es Melli	Tus	1 Jear
21. ACCIDENT SUICIDE  SUICIDE  HOMICIDE  OF office bldg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work How DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from June 15, 1955, to that I last saw the deceased alive on the date stated above.  SIGNATURE:  (Degree or title)  DATE SIGNATURE:  OF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  Mt. Olivet  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  (CITY OR TOWN)  (COUNTY) (STATE)  (CITY OR TOWN)  (COUNTY) (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (COUNTY)  (STATE)  (CITY OR TOWN)  (STATE)	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY1
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY  22. I hereby certify that I attended the deceased from June 15, 1955, to continue the deceased  alive on Oct 11, 1955, and that death occurred at 5, 1955, to continue the date stated above.  SIGNATURE  (Degree or title)  ADDRESS  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Specify)  Mt. Olivet  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS				
HOMICIDE   INJURY   INJURY OCCURRED   HOW DID INJURY OCCUR?    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Work   At work   How DID INJURY OCCUR?    22. I hereby certify that I attended the deceased from June 15, 1955, to left   1955, that I last saw the deceased    alive on	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TO	WN) (COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from June 15, 1955, to continuous that I last saw the deceased alive on the causes and on the date stated above.  SIGNATURE:  (Degree or title)  ADDRESS  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Specify)  Mt. Olivet  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS	HOMICIDE INJURY			
22. I hereby certify that I attended the deceased from June 15, 1955, to call, 1955, that I last saw the deceased alive on		HOW DID INJURY OCCU	JR?	
alive on Oct 11, 1955, and that death occurred at 5				
alive on Oct 11, 1955, and that death occurred at 5	22 I hereby sartify that I attended the demand from Talia P 1	51055 Det11	10554471	
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  Mt. Olivet  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	22. I hereby tolding that I attended the deceased from S	w, 15 mm., to	, 19, that I last s	aw the deceased
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  Mt. Olivet  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	alive on	o.m., from the ca	auses and on the date st	ated above.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	SIGNATURE (Degree or title)	ADDRESS	V	DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Robert Dranellull.	5516 NeV	Yaska Ave	DC Muls
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETER	BY OR CREMATORY LIO	CATION (City town or coun	(V) ((Qe/ex)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	REMOVAL (Specify) / / / / / / M+ Oliveo			D C (commo)
DEC.	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		" asimite coll	ADDRESS
	REG. 10/13/55 Dessi M. Germanson	W.K.Huntemann	& Son 5732	

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09887 Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEVLA	2/2
MINIDICAL	DA AUGUN DR S	CERTIFICATE	UK	DRAIH	No.

- 1			21010
	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY MORTGOMERY MARYLAND	STATE Med COUNTY Monty	
-	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Barnesvelle	give nearest town)
5	HOSPITAL OR INSTITUTION OR ST. Mary pienic grounds	STREET (If rural, give location)	15.
-		(Last) 4. DATE (Month) (Day OF DEATH Let 1)	(Year)
	RACE: WIDOWED, DIVORCED, (Specify): Whatow 12.	2-18-75 79 yrs. Months Da	
	10a. VSUAL OCCUPATION (Give kind of work done during most of work life, even if retired): William (Give kind of INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	nO
1	18. MEDIC	AL CERTIFICATION	
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	_	INTERVAL BETWEEN ONSET AND DEATH
	Immediate course (8) Coronary	occlusion	middlen
	Immediate cause (a) DUE TO		Neuth
	Antecedent cause(s)		
	Diseases or conditions, if any, (b)		
	stating underlying cause last		
	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		The second
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
	O		Yes 🗌 No 🛭
	21s. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, of street, office bldg., etc., INJURY	21c. (City or town) (County)	(State)
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
	1NJURY M. work at work		
	22. I hereby certify that I took charge of the remains describ		
	find that death resulted from: Natural causes , Accid	lent [], Suicide [], Homicide [], Undeter  CHIEF MEDICAL EXAMINER []	mined cause [].
	Jan & Broschart	M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	10.15.5-1
_	23. BURIAL, CREMATION, ATTE THEREOF NAME OF CEMETER REMOVAL (Specify):	Y OR CREMATORY LOCATION (City, town, or co	unty) (State)
	DATE REC'D BY LOCAL   REGISMEAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4	254-17/955 / Carl Wille	911. 13 Hallow	TIDD ILLION
(		132	()
		Delines recel, -	M U

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DCT 20 1955

BUREAU V. S.



BUREAU V. S.

Montgomery

(Year)

U.S.A.

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INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(State)

YES [

DATE SIGNED

Hours

112. CITIZEN OF WHAT

(Day)

Days

BINDING FOR RESERVED MARGIN ASE PLE/

REMOVAL (SPEQIFY)

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BY LOCAL

REGISTRAR'S

DATE REC'D

BEENED

OCT 21 1955

TEVN A. 2

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE	, 1
9897	CITE	TTTTC ATTT	OF	DEATH .	

	d Of DEATH Reg. Di	St. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNT MARYLAND MARYLAND	STATE STATE COUNTY .	C.
CITY (If outside corporate limits, wr e RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAI	and give nearest town
OR and kive nealest town (in this place)	TOWN Hashington	47x-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1.43 26 - Colesville Rd	STREET ADDRESS O- Websler	st. n. W.
3. NAME OF (First) (Middle) So (Type or Print)	(Last) 4. DATE (Month) OF DEATH: OT	(Day) (Year) 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify):	Months	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of   OB. KIND OF BUSINESS	II. BURTHPLACE (State or foreign country):   12	2. CITIZEN OF WHAT
work done during most of working life, or INDUSTRY:	Richmond, Va.	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unknown	alice nicke	4
18. WAR DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS Chocke	X. Helt
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	ONSET AND DEATH
IMMEDIATE CAUSE (A)		
ANTECEDENT CAUSE (8)	1 . 01 .	-11-
DISEASES OR CONDITIONS, IF ANY, (B)	- Voscular dirambosis	5/4/55
STATING UNDERLYING CAUSE LAST. (C)	ed activo solo ogis	200
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Thurin, Cashtif.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (Co	unty) (State)
OF INJURY (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while at work	- 16	9
22. I hereby certify that I attended the deceased from	7 / , 1900, to 500 0 , 19 0 , that I la	st saw the deceased
alive on	M, from the causes and on the dat	e stated above.
	TERY OR CREMATORY   LOCATION (City, town,	or county) (State)
REMOVAL (SPECIFY) 10/10/55 ledan	till Suitlan	I ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	nalley o Janual	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	nalley o tunne	ADDRESS

DECENTED

BUREAU V. S.

a A Hyadile

The correct age

9898

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09891

#### CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH. Montgarery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Montgomery
CITY (If outside corporate limits, write RURAL and OR give nearest town)  LENGTH OF STAY (In this place)	CITY (If outside exporate limits, write RURAL and giv	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 6709 Eash au	« /
S. NAME OF DECEASED (Type or Print) SERTRUCE /OBBKIN	CRANT OF DEATH OCK	(Day) (Year) VH 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MUNUCA	19-10-1819 16 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	Nirginia	COUNTRY SA
13. FATHER'S NAME Orland Hodgkin	14. MOTHER'S MADEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of leervice)	Hestand Bernard Grant	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Cerebral thr	ombass	15 menutes
Immediate tause (a)		approx
Antecedent cause(s)	& analyza antoniacolorosis	5 421
Diseases or conditions, if any, (b)	v, door as a composition	appacx.
stating the underlying cause last	Landervascular renal disease	Swrs
11. OTHER SIGNIFICANT CONDITIONS	. Car 1040 various / forvious accessance	1 700
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
20.00	63 10/211 66	
22. I hereby certify that I attended the deceased from	19.5.3 to 10.24, 19.5.5, that I last s	aw the deceased
alive on 10,24 1955, and that death occurred at	5:05 Am., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
BR Cooperman, MD 1	126 Eye Sr. nw Wash oc	10/24/55
REMOVAL (Specify) 10.26.55 Wasses	ery OR CREMATORY LOCATION (City, town, or count	1/a.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	240 FUNERAL DIRECTOR	ADDRESS
10-25-55 Valence M. Mongoon	Deal Tuneral Horne 4812	Da aus Wy

T 27 1955

BUREAU Y. S.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIM	ORE,	18()	989
9899		RTIFICATE					No.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()	9892
	CERTIFICATE OF DEATH Reg. Dist.	
clearly and legibly	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	i_
0	COUNTY MONTGOMEYY MARYLAND STATE MAYYLAY O COUNTY MON	96 mera
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR	nd give nearest town)
	x rown bethesold 14 days rown silver uprin	9 56
	HOSPITAL OR INSTITUTION OR SUDUY DAN HOSP - STREET ADDRESS 11900 Kemp	VIL Road
	3. NAME OF (First) Middle) (Lat) 4. DATE (Month) (I DECEASED:	(Year)
	(Type or Print) DEATH: UC ,	19.55
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. Aug. 25, 1871 9. AGE last birthday IF UNDER 1 Y Months D	Ays Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):Homemaker  10B. KIND OF BUSINES   11. BIRTHPLACE (State or foreign country): 12.	CUNTRY?
	13. FATHER'S NAME:	
	Allen Dowman Martha pean	
	15. WAS DECEASED EVER IN U.S. ARMED FORCE   18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates   No. 2016   N	
1	No of service) none 914 Gray's Lane, Silver Sprin	Maryland
1	IS. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	450.0	ONSET AND DEATH
	IMMEDIATE CAUSE (A) A ONGESTI VI HEORY FREITONE	populas
	ANTECEDENT CAUSE (S)	1
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DIF TO	Olys-and
	STATING UNDERLYING CAUSE LAST. (C) A if CIOSCLOWS/S GARLOUT CENEBUL	yeas
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  While Not while at work at work	
	22. I hereby certify that I attended the deceased from	saw the deceased
	( Dale / au off	stated above.
	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	county) (State)
	Burial 10/6/55 Colesville Cemetery Montgomery Coun	
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR	ADDRESS a. Ave.

The second secon PLANTED TO THE PROPERTY. HY I WAR COLUMN STORY STORY transant, nois = xw Marthy Bean BUREAU V. S. 4301 07 100 DECENAED

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09893

CERTIFICATE OF DEATH

Reg. Dist. No. 2//

I. PLACE 0	F DEATH:		1	2. USUAL RESII	DENCE (HOME	OF DECEASED:	
COUNTY	Montgome	ry mary	T.AND	STATE M	arvland	CO	UNT Montg.
CITY (If OR and	outside corporate lingive nearest town) ural- Dama	nits, write RURAL LENGTH		CITY (If outs	side corporate lin	mits, write RURAL	and give nearest town)
IIOSPITA INSTITUT STREET	LOR TION OR R.F.	D. Gaithersbur	g	STREET	(	If rural give locati aithersbu	urg /
3. NAME OF DECEASED (Type or P	rint) Mary	(Middle)	Gree			October	
5. SEX: Female	S. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SpeciMarried	Sept. 2	F BIRTH:	9. AGE last b		Days Hours Min.
Hous	OCCUPATION. Give during most of work	kind of lob. KIND OF BINDUSTRY: Own Hom	e	Baltin	more. Md		2. CITIZEN OF WHAT COUNTRY? USA
	erman J. W:			Elizat	oeth Hen		
15 WAS DECEA (Yes, no, or un	ASED EVER IN U.S. ARMI k.) (If Yes, give war service)			NFORMANT & A		n, Gaithe	ersburg, Md.
Anteced Diseases	ent causes  ent causes (s) or conditions, if any ne to the above cause ne underlying cause is	DUE TO (b)	<i></i>	mon		*	
Conditions	IGNIFICANT CONDI contributing to the the disease or conditi	leath but not					
19a. DATE OF	OPERATION: 198	. MAJOR FINDINGS OF O	PERATION				Yes No Z
21. ACCIDEN SUICIDE HOMICIDE	(10) 10129 /	PLACE (Home, farm, fa OF office bldg., etc	actory, street,	(CITY OR TO	WN)	(COUNTY)	(STATE)
TIME (Mor OF INJURY	nth) (Day) (Year)	While at No	ED t While Work	HOW DID INJU	RY OCCUR?		
alive or	URE Arm	tended the deceased from and that death occu	rred at 5	20 am fre	om the causes	and on the dat	st saw the deceased te stated above. DATE SIGNED  2///9JT
REMOVA.	al (Specify) Oc		arkwood	1	Bal	timore, 1	
REGISTRA	/ID	10000 W. (13)	indella ?	lin L. M	oleswort	h, Damas	

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Mone Pr. Ster M. Green, Galthnewhure, Md.

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Male White SpecifyMarried Aug. 12, 1883 72 yrs Manths Days Hot SpecifyMarried Aug. 12, 1883 72 yrs Manths Days Hot SpecifyMarried Aug. 12, 1883 72 yrs Manths Days Hot SpecifyMarried Aug. 12, 1883 72 yrs Manths Days Hot SpecifyMarried Aug. 12, 1883 72 yrs Manths Days Hot SpecifyMarried Aug. 12, 1883 72 yrs Manths Days Hot SpecifyMarried Aug. 12, 1883 72 yrs Manths Days Hot SpecifyMarried Aug. 12, 1883 72 yrs Manths Days Hot Specific	1. PLACE OF DEATH:	. 11/16/5 CERTIFI	2. USUAL RES	DENCE (HOME) OF DECEA	SED:
CITY (If outside corporate limits, write RURAL and give nearest town)  Kensington  Kensington  Nospital or and give nearest town)  Kensington  Nospital or and give nearest town)  Nospital or and give nearest town of succession of organization to the give nearest town of succession or and give nearest town)  Nospital or and give nearest town of succession or and give nearest town of give nearest town	Montgomery	V	Ma	ryland Mo	ntgomery
TOWN Kensington	CITY (If outside corporate iim	nits, write RURAL  LENGTH	OF STAY CITY(If outside	de corporate limits, write RURA	L and give nearest town
HOSPITAL OR INSTITUTION OR INSTITUTI			is place) OR TOWN K	ensington	X
DECEASED: (Type of Print)  Male White  OA. OLOR OR 7. SINGLE. MARRIED. WIDOWED. DIVORGED. (SpecifyMarried Aug. 12, 1883 72 yrs. Months by 15 Hours of Birth: White OA. U.S. L. OCCUPATION (Give kind of working life. OA. U.S. L. OCCUPATION (Give kind of working life. OA. U.S. L. OCCUPATION (Give kind of working life. OA. U.S. L. OCCUPATION (Give kind of working life. OR INDUSTRY: OR		Warner Street	ADDRESS		
(Type or Print) HOWARD  S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORGED, B. DATE OF BIRTH: 9. AGE last birthday I PUNDER I YEAR IF U.  Male White (Specify Married Aug. 12, 1883) 72 yrs. Manths   Days   Hot Work done during most of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of work done during most of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of work done during most of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of working life. Refire of Brilder Work done during most of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of working life. Refire of Brilder Work done during most of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of working life. Refire of Brilder Work done during most of working life. Refire of Brilder  OA. USUAL OCCUPATION (Give kind of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire of Brilder Work done during most of working life. Refire during most of workin		(Middle)			
Male White (Specify Married) Aug. 12, 1883 72 yrs. Manths Days Hot Specify Married (Specify Married) Aug. 12, 1883 72 yrs. Manths Days Hot Specify Married (Specify Married) Aug. 12, 1883 72 yrs. Manths Days Hot Specify Married (Specify Married) Aug. 12, 1883 72 yrs. Manths Days Hot Specify Married (Specify Married) Aug. 12, 1883 72 yrs. Manths Days Hot Specify Married (Specify Married) Aug. 12, 1883 72 yrs. Manths Days Hot Specify Married (Specify Married) Aug. 12, 1883 72 yrs. Manths Days Hot Specify Married (State or foreign eountry): 12. CITIZEN Newark, New Jersey (COUNTR Newark	(Type or Print) HOWa1			DEATH: Oct.	
Work done during most of working life. Rettred Builder  OR INDUSTRY: Construction-Self Newark, New Jersey  OR INDUSTRY: Construction-Self Newark, New Jersey  14. MOTHER'S MAIDEN NAME:  George W. Griffin  S. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL SECURITY NO. Griffin-Wife -above add.  18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DUE TO  OR INDUSTRY:  (A)	Male White	(SpecifyMarried	Aug. 12, 1883	72 yrs. Months	Days Hours Min
George W. Griffin  S. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  20A. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY street, office bidg., etc.  21A. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY Street, office bidg., etc.  21D. TIME (Month) (Day) (Year) (Hour) While at work at work 1957, to Contain 1957, that I last saw the contained of the deceased from the work 1957, to Contained the last saw the contained of the deceased from the work at work 1957, to Contained the last saw the contained to the deceased from the work 1957, to Contained the last saw the contained to the deceased from the work 1957, to Contained the last saw the contained to the deceased from the work 1957, to Contained the last saw the contained to the deceased from the work 1957, to Contained the last saw the contained the deceased from the work 1957, to Contained the last saw the contained the deceased from the work 1957, to Contained the last saw the contained the deceased from the work 1957, to Contained the last saw the contained the deceased from the work 1957, to Contained the last saw the contained the deceased from the work 1957, to Contained the last saw the contained the deceased from the work 1957, to Contained the last saw the contained the deceased from the contained the	work done during most of working Retleed Builder	ng life, OR INDUSTRY	n-Self Newark,	New Jersey Del.	COUNTRY? US
S. WAS DECEASED EVER IN U.S. ARMED FORCES! Yes, no, or unk.) (If Yes, give war or dates					
Tes, no, or unk.   (If Yes, give war or dates   79-03-1980   Griffin-Wife -above add.   Mitch of service)   18. MEDICAL CERTIFICATION   INTERVA ONSET	9				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (6)  DISEASES OR CONDITIONS. IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (C)  (C)  (TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (C)  (C)  (C)  (C)  (D)  (C)  (C)  (C)	Yes, no, or unk.) (If Yes, give war		ndn	Edith	Mitchell
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. MAJOR FINDINGS OF OPERATION  210. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc.  211. TIME (Month) (Day) (Year) (Hour) OF INJURY  212. I hereby certify that I attended the deceased from the street of the street o	420.0	DIRECTLY LEADING TO DE		eset Deserv	INTERVAL BETWEE ONSET AND DEAT
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (C)  (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  (P) DISEASE OR CONDITION CAUSING DEATH.  (C) DISEASE OR CONDITION COURSED DISEASE.  (C) DISEASE OR CONDITION CAUSING DEATH.  (C) DIS			0.00	70 · Co ·	1.0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19b. MAJOR FINDINGS OF OPERATION  20. A  YES  21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc.  19c. Time (Month) (Day) (Year) (Hour)  OF INJURY  M. 21g. INJURY OCCURRED While Not while at work at work 22lf. How DID INJURY OCCUR?  While at work 31 to Control of the property of the proper	DISEASES OF CONDITIONS IF	AUSE DUE TO	many our	Coccosoci	10903
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, of contributing   Cause of Death of injury street, office bldg., etc.   Injury occur?  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. How DID INJURY OCCUR?  22B. PLACE (Home, farm, factory, office bldg., etc. injury occur?)   Injury occur?  21C. Where DID (City or town) (County)   Injury occur?  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. How DID INJURY OCCUR?  22B. PLACE (Home, farm, factory, office bldg., etc. injury occur?)   Injury occur?  21C. Where DID (City or town) (County)   Injury occur?  22B. PLACE (Home, farm, factory, office bldg., etc. injury occur?)   Injury occur?  22B. PLACE (Home, farm, factory, office bldg., etc. injury occur?)   Injury occur?  21C. Where DID (City or town) (County)   Injury occur?	GIVING RISE TO THE ABOVE C				
OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDI TO THE DEATH BUT NOT REL	(C) ITIONS CONTRIBUTING LATED TO THE	Prostatie He	pectaply	4915
While at work Not while at work 22. I hereby certify that I attended the deceased from 1957, to 257, to 257, that I last saw the	GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDI TO THE DEATH BUT NOT REL DISEASE OR CONDITION CA	(C) ITIONS CONTRIBUTING LATED TO THE AUSING DEATH.	Prostatie A.	pechaply	
	GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE  IT OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT RELEDISEASE OR CONDITION CAUSE.  19a. DATE OF OPERATION: 198  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF E	ITIONS CONTRIBUTING LATED TO THE AUSING DEATH.  B. MAJOR FINDINGS OF (  NG 21B. PLACE (Home DEATH OF INJURY street,	e, farm, factory, 21c. WHERE		YES NO TO
11. Oct 6 1055 with the death account of 13 AM from the course and on the data stated of	GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE  OTHER SIGNIFICANT CONDITON TO THE DEATH BUT NOT REL DISEASE OR CONDITION CA  19A. DATE OF OPERATION:  19A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF E  11F EITHER, NOTIFY MEDICAL EXAMINATION. TIME (Month) (Day) (Year)	(C) ITIONS CONTRIBUTING LATED TO THE AUSING DEATH.  B. MAJOR FINDINGS OF (  NG   21B. PLACE (Home OF INJURY street, NER)  (Hour)   21E INJURY (  While   No	office bldg., etc. 21c. WHERE INJURY OCCURRED 21f. HOW DIE	UR7	YES NO C
SIGNATURF DATE SIGNE	GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELEDISEASE OR CONDITION CAUSE.  19A. DATE OF OPERATION: 19E  19A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXAMING TIME (Month) (Day) (Year)  10F INJURY	ITIONS CONTRIBUTING LATED TO THE AUSING DEATH.  B. MAJOR FINDINGS OF (  NG   OF INJURY street, NER)  OF INJURY street, While No at work at tended the deceased fro	e, farm, factory, office bldg., etc.   21c. WHERE INJURY OCCURRED ot while work   21f. HOW DIE	O INJURY OCCUR?	ounty) (State)  ast saw the decease
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, of county)	GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELEVANCE OF CONDITION CAUSE OF CONDITION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION (Day) (Year)  OF INJURY  22. I hereby certify that I at alive on Cause Cause Contribution (1)	ITIONS CONTRIBUTING LATED TO THE AUSING DEATH.  B. MAJOR FINDINGS OF (  NG   OF INJURY street, NER)  OF INJURY street, While No at work at tended the deceased fro	e, farm, factory, office bldg., etc. INJURY OCCURRED of while work of the course of th	the causes and on the da	ounty) (State)  ast saw the decease
Burial 10-29-55 Parklawn Bockville, Maryl DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS	GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE  (I OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELEDISTANCE OF CONDITION CAUSE OF CONDITION CAUSE OF CONTRIBUTING CAUSE OF IT EITHER, NOTIFY MEDICAL EXAMINATION. TIME (Month) (Day) (Year)  (22. I hereby certify that I at alive on CONTRIBUTION CAUSE OF INJURY)	ITIONS CONTRIBUTING LATED TO THE AUSING DEATH.  B. MAJOR FINDINGS OF (  NG OF INJURY street, NER)  OF INJURY street, While No at work at  ttended the deceased fro  9.5. and that death oc  TE THEREOF NAME (	e, farm, factory, office bldg., etc. INJURY OCCURRED of while work of the course of th	the causes and on the da	ast saw the decease te stated above.

BUREAU V. S.

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DECENTED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

-1	. Th	9847 CERTIFICATE OF DEATH Reg. Dist.	No. 223
P	carefully legibly.	1. PLACE OF DEATH:  COUNTY Moulcouler Maryland X STATE A. C. COUNTY	C.
	tion	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  OR and give nearest town)  A cone of Town Washington  4	d give nearest town)
	m of information death clearly and	HOSPITAL OR INSTITUTION OR 75 STREET ADDRESS Wash Sant Haspital 40 Laygellace At. n.	E. /
	of ath	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (D DECEASED: (Type or Print) Club (Middle) (Last) 5. SEX: [6. COLOR OR [7. SINGLE, MARRIED, ] 8. DATE OF BIRTH: 9. AGE last birthday is under ity	
	ite		Hours   Min.
NA NO	Ty every		COUNTRY?
BINDA	K. Supply write the c	Benjamine Pince Is. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS:	
FOR	IN	(Yes, no, or unbl) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
RESERVED	IO	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33/X IMMEDIATE CAUSE  (A) Crebral framorbage  DUE TO	ONSET AND DEATH
RESE	TH UNFA	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, (B)	
MARGIN	H	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
MAI	- m	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	3	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?  21B. PLACE (Home, farm, factory, OR County, OR INJURY OCCUR?)  21C. WHERE DID (City or town) (County, OF INJURY OCCUR?)  11D TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F, HOW DID INJURY OCCUR?	(State)
	R v	OF INJURY  M. While Not while at work at work	
- 53	YPE O	22. I hereby certify that I attended the deceased from 1953 to Och. 26, 1944, that I last alive on 22, and that death occurred at 105 M, from the causes and on the date signature	
5 - 10	ASE TYF	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, sown, or REMOVAL (SPECIFY)	28 63 county) (State)
VS. A1	PLE/	DATE REC'D BY LOCAL REGISTRATE SIGNATURE 24 FUNERAL DIRECTOR REGISTRATE SIGNATURE 24 FUNERAL DIRECTOR	ADDRESS (
		Care in it is a second of the	7 000



1	correct	/
	7. The	ha
101	carefully. T	and being

and regibly PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information age is especially important. Physicians: please write the causes of death clearly MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MED	ICAL	EXAMI	NER'S	CEKI	CHICA	AIND	OF	DEA'	IH N	lo.
1. PLACE OF	DEATH:				2. USUAL RE	SIDENCE	(HOME)	OF DECEAS	ED:	
COUNTY	Montgom	ery	MARYLA	ND	STATE Ma	arylan	d cot	INTY MO	ntgomen	ry
CITY (If ou OR and gi	tside corporate	limits, write RU	RAL LENGTH (in this	place)	CITY (If OR TOWN	-	rporate limi		RAL and g	ive nearest town)
HOSPITAL OF INSTITUTION OF TREET ADD	OR N OR DRESS 10	,004 Portl	and Road		STREET ADDRESS	10,0	004 Por	rural, give letland R	ocation)	/
3. NAME OF DECEASED: (Type or Pri	CA	rst) RL	(Middle) EDWARD	GRO	(Last) DSSKURTH		4. DATE OF DEATH	(Month)	(Day) 27	(Year) 19 55
5. SEX: Male	6. COLOR WALLE	WIDC (Speci	LE, MARRIED, WED, DIVORCED, fy)Married	9/16/	of birtii: L2	9.	AGE last b		nths Days	Hours   Min.
work done	e during most	of work life.	10b. KIND OF BUS INDUSTRY: Craft, Inc.	SINESS OR	II. BIRTH		(State or for Maryla	oreign countr nd		OUNTRY?
13. FATHER'S Carl		Grosskurt	h		14. MOTHER	s maide ine Wh				
15. WAS DECE. (Yes, no, or unl	k.) (If Yes, give service)	S. ARMED FORCES :	16. SOCIAL SECURIT 578-09-316	li li	rs. Mar	ion S.	Gross			Portland R
Immedia Antecede Diseases of giving ris stating ur	ate cause ent cause(s) r conditions, If the to the above inderlying cause	(a) DUE TO  any, (b) cause DUE TO	EADING TO DEAT		occlu	sio	1			INTERVAL BETWEEN ONSET AND DEATH The service of the
TO THE DISEASE O	DEATH BUT OR CONDITIO	NOT RELATED N CAUSING DE	TO THE			*************				
19a. DATE OF	OPERATION	: 19b. MAJOR	FINDING OF OPER	ATION:						20. AUTOPSY? Yes □ No ☑
21a. EXTERNA PRIMARY  CAUSE OF D	or CONTRIBU	AS 21b.	PLACE (Home, farm OF street, office INJURY		21c. (City	or town)		(County)		(State)
21d. TIME (Mo OF INJURY	onth) (Day)	(Year) (Hour) M.		RRED ot while work	21f. HOW	DID INJ	URY OCCU	TR ?		
find that	t death result	alted from: N	ge of the remain atural causes A	, Accide	nt □, Sui	cide []; CHIEF I DEPUTY ASSISTA	Homic MEDICAL MEDICAL NT MEDIC	ide [], T EXAMINER EXAMINEI AL EXAM.	Indeterm	ined cause []. DATE SIGNED
23. BURIAL, OR REMOVAL Burial	(Specify)	10/29/55	St. Jo	hn's Ce	metery		Mont	N (City, tow GOMery (		
DATE REC'I REG.	BY LOCAL	REGISTRAR'S	SIGNATURE STATE		1) anne	L L	umph	8 M 5:17	434 Ga	. Ave.

B. W UASRUR 9361 8 NON 8 1869  3/4 lus

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PLEASE TYPE

DATE REC'D BY LOCAL REGISTRAR

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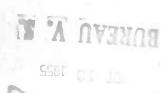
The

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9974

#### CERTIFICATE OF DEATH

ODMINIONIA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Va. COUNTY Fairfax
CITY (If outside corporate limits, write RURAL on the stay on and give nearest town)  TOWN Bethesda  LENGTH OF STAY (in this place)  272 days	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Falls Church
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda, Maryland	STREET (If rural give location) ADDRESS 937 Ridge Road
	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH: Oct. 4, 1955
RACE: WIDOWED, DIVORCED.	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  1, 1917  37  yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); Nurse-maid  10B. KIND OF BUSINESS OR INDUSTRY:  Domestic	ri. Birthplace (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Ecuador
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jose' Guzman	Mercedes Cevallos
(Yes, no. or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	oncumum in + Urimin Dwarts
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING INDERLYING CAUSE LAST DUE TO	a of the Cernx with
(c) Wide Shre	ad metastases
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	VIL CKENtrature unter Signalductoryes 1 NO 1
21A. ACCIDENT WAS UNDERLYING 7 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?
OF INJURY  OF INJURY	
22. I hereby certify that I attended the deceased from Jan.	5,, 1955, toOct.4, 1955 that I last saw the deceased
alive on Oct. 4, 19.55, and that death occurred at	10:15AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED 10-7-5  D. The Clinical Center, NIH, Bethesda, Md.
	ERY OR CREMATORY LOCATION (City, town, or county) (State)

REGISTRAR'S SIGNATURE



CERTIFICATE OF DEATH

or INDUSTRY: Sewing

Reg. Dist. No.

ME) OF DECEASED

No. of the No.	ull ly.	1. PLACE OF DEATH:	1 2.	USUAL RESID	DENCE (HO
1	carefull	county Montgomery MARYLAND		STATE Mary	land
	ion ce and le	CITY (If outside corporate limits, write RURAL COR and give nearest town)  Silver Spring  (in this place)		CITYIIf outside	
55	nformat	HOSPITAL OR INSTITUTION OR STREET ADDRESS 810 Silver Spring Ave.		STREET ADDRESS	10 Silv
Ve l	of in	3. NAME OF (First) (Middle)  DECEASED: (Type or Print) EFFIE FLORENCE GRIM HALL	(Last)		4. DA
	ite	female   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WIDOWED, WIDOWED   March			9. AGE last
	es	10a USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11	BIRTHPI ACE	(State or fo

	STATE MA	tside corr	orate l	lmits, wr	ite RURA	L and g	ive neare	st town
	TOWN	Silve	r Sr	ring			6	56
	STREET		(1	f rural ;	rive location			1
(Last)				ATE (M	onth) Oct. 1	(Day)	(Ye	55
OF	BIRTH:	9. A	GE las	birthda	IF UNDE	RIYEAR	IF UNDER	24 HRE.
2,	1884		71	yrs.	Months	Days	Hours	Mln.

17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Mrs. Richard M. Kennedy. of service) 810 Silver Spring Ave. Silver 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

work done during most of working life. even if retired): Seamstress

13. FATHER'S NAME:

Lorenze Grim

(C)

Annie

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory.

21c. WHERE DID (City or town) OF INJURY street, office bldg., etc. INJURY OCCUR?

Edinburg, Virginia

14. MOTHER'S MAIDEN NAME:

YES (County) (State)

20. AUTOPSY

U. S. A.

ONSET AND, DEATH

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21E INJURY OCCURRED While Not while

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sapt, , 1948 to Oct 17, 1955, that I last saw the deceased , 1955, and that death occurred at /1:50P.M. from the causes and on the date stated above.

SIGNATURE DATE SIGNED

23. BUR AL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Geo. Wash. Mem. Cemetery

LOCATION (City, town, or county) Prince George County, Md.

DATE REC'D BY LOCAL

ver Spring, Md.

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(Year)

Reg. Dist. No

(Day)

		I DEATH: (	34. M. M.	2.		-
	OF BIRTH:	9. AGE last birthday	1F UND	ER I YEAR	IF UNDER	24 HRS.
11		57 yrs.				
	11. BIRTHPLACE	(State or foreign cou	ntry):	12. CIT	ZEN OF	WHAT
1	France				ance	V
	14. MOTHER'S	MAIDEN NAME:				
		Vermesse				
	17. INFORMAN					-
	The Medica	l Record, Cli	nica	1 Cen	ter	
ATI	ON				ERVAL B	
	1	1.			SET AND	DEATH
a	bscess 1	Nocardia .	ister	rodas)		
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ION					O. AUTO	PSY7
	ry, 21c. WHERE	DID (City or town)	((	Y	ES 🔽	DPSY?
lon facto		DID (City or town)	((		ES 🔽	NO 🗌
acto	etc. INJURY OCC		((	Y	ES 🔽	NO 🗌
acto	etc. INJURY OCC	UR?	((	Y	ES 🔽	NO 🗌
acto	21F. HOW DIE	O INJURY OCCUR?		County)	(St	ate)
ED	21F. HOW DIE 29., 1955., to 0	ct5,, 1955	that I	County)	(St	no ate)
ED	21F. HOW DIE 29., 1955., to 0	ct5,, 1955	that I	County) last sav	(St	no ate)
ED at	21F. HOW DIE 29., 1955., to 0 2:30PM from ADDRI	ct5,, 19.55	that I	last savate stat	(St	ate) eceased e.
ED at	21F. HOW DIE 21F. HOW DIE 29., 1955., to 0 2:30PM from ADDRI D. The Clini	ct5,, 19.55  the causes and on ess of 5,145  cal Center, N RY   LOCATION (C	that I the distribution ity, tow	last savate state DATE S Bethe	(Stored above the december of	ate) eceased e.
ED at	21F. HOW DIE 21F. HOW DIE 29., 1955., to 0 2:30PM from ADDRI D. The Clini	ct5,, 19.55  the causes and on ess of 5,145  cal Center, N RY   LOCATION (C	that I the distribution ity, tow	last savate state DATE S Bethe	(Stored above the december of	ate)  ate)  ecceased e.
ED at	21F. HOW DIE 29., 1955., to 0 2:30PM from ADDRI D. The Clini	the causes and on cal Center, N	that I the distribution ity, tow	last savate stat DATE s Bethe	(Stew the deed above IGNED sda, Inty)	ate)  ate)  ecceased e.
ED at	21F. HOW DIE 29., 1955., to 0 2:30PM from ADDRI D. The Clini	ct5,, 19.55  the causes and on ess of 5,145  cal Center, N RY   LOCATION (C	that I the distribution ity, tow	last savate stat DATE s Bethe	(Steward of the state of the st	ate)  ate)  ecceased e.

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REMOVAL (SPECIFY)

LOCAL

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clearly	HOSPITAL OR INSTITUTION OR ADDRESS A LANGE AND ADDRESS OF A LANGE AN			
e	14 Milyuniani oly 6 izanemi ove			
death o	3. NAME OF (Eirst) (Middle) (Last) 4. DATE (Month) (Day) (Year) OF			
ea	Type or Print)  5. SEX:   6. COLOR ON   7. SINGLE, MARRIED,   8. DATE OF BIRTH:   9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.			
of	Mace   WIDOWED, DIVORCED.   Min.   Months   Days   Hours   Min.			
82	100 USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT			
causes	/work done during most of working life, or WDUSTRY: even if retired):  COUNTRY?			
	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:			
e the	Leray Harrie Julia Mal Handy			
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS.			
	(Yes, no, or unk.) (If Yes, give war or gates of service)			
ease	18. MEDICAL CERTIFICATION INTERVAL BETWEEN			
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
	762.5 Atalactaria due to la basis			
ıns	IMMEDIATE CAUSE  (A)   OUT TO  OUT TO			
cis.	ANTECEDENT CAUSE (S)			
Ysı	DISEASES OR CONDITIONS, IF ANY, (B)			
Physicians	STATING UNDERLYING CAUSE LAST. DUE TO			
	(C)			
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
du	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20, AUTOPSY?			
i	YES NO TO			
I,				
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?			
Sp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While Not while			
	OF INJURY  M. at work at work			
se is	22. I hereby certify that I attended the deceased from Oct 1/, 1955, to Oct 12, 1955, that I last saw the deceased			
व	alive on Dat 12. 1955, and that death occurred at 25 M, from the causes and on the date stated above.			
ct	SIGNATURE DATE SIGNED			
correct	Leva Marwell M.D.			
000	23. BURIAL CREMATION, DATE THEREOF   NAME OF CEMETERY OR PREMATORY   LOCATION (9)ty, town or county) (State)			
5	REMOVAL (SPECIFY) 10/13/25 In we losh Trebulle my			
3	DATE REC'D BY LOCAL   BEGISTRAR'S SIGNATURE   24. PUNERAL DIRECTOR   ADDRESS /			
4	REGISTRARIA IN A SHARE THE STATE OF THE STAT			
	10 3/33 1 Lesse M. From John I way N. Stroven / Joepune			
	100020 x 101			

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#### MARYLAND STATE DEPARTMENT OF HEALTH

## 9938 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

09902

Reg. Dist. No. 2/4

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Montgomery MARYLAND	STATE Maryland COUNT	Montgomery
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
Je Town Silver Spring 2 yrs	TOWN Silver Spring.	56
HOSPITAL OR INSTITUTION OR 11 607 Devices Pood	STREET (If rural, give location)	1
STREET ADDRESS 11,607 Dewey Road	11,607 Dewey Road	
3. NAME OF (First) (Middle) DECEASED U.S. (Section 1)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Harry Guy	Helme, Sr. OF DEATH Octobe	r 1 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday   If under	I year   If under 24 hrs
Male White WIDOWED, DIVORCED, (Specify) Married	1 1/28/03   52 yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or Aone during most of working life, even if retired)   Ludustry		2. CITIZEN OF WHAT
Clerk, Plumbing Dept. D.C. Government (reti		Country A
13. FATHER'S NAME Robert Helme	14. MOTHER'S MAIDEN NAME	
	Lillian Gallup	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	70.3
service)	Mrs. Louise H. Helme, 11,607 De	wey Rd.
18. MEDICAL CE	RTIFICATION Silver Spring,	Md INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420. Immediate cause ( Coronary Ocche		10010
Immediate cause (a) Court accu		sudden
Antecedent cause(s)		
Diseases or conditions, if any, (b) Applications giving rise to the above cause	1 + 200 + 10 + 10 + 10 + 10 + 10 + 10 +	13/2
stating the underlying cause last		
(e) U		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY	(STATE)
CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22 'I certify that I took charge of the remains described above held an A	Interest Inspection Thaniry I thereon and	from the evidence
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my	opinion resulted
from: natural causes (x) accident , suicide , homicide ,	undetermined .	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Trank & Brossport M.U.	Kuthersburg md	10-2-55
23. BURIAL, CREMATION//DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or coun	
Transvalas Buria 1 10/4/55 Elmwood Cer	metery Birmingham, A	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		Ga. AVO
REG. 10-4-55 Frances Latter	Warner to Pumphrey 8434	JE. AVQ
	Called Called Called	The state of the s

BUREAU V. S.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	09903
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	OKe	MARILAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19913
	š.	Tems 59: Fin 6152 9909 CERTIFICATE OF DEATH Reg. Dist. No. 216
	ull.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
	gib	COUNTY MONTGOMERY MARYLAND STATE MONGO COUNTY MONTGOMERY
	ca le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY   CITY(If outside corporate limits, write RURAL and vive nearest town)
	no	X TOWN (Selles da Hours 20 Min. Town Cornell Park X
	y a	HOSPITAL OR STREET (If rural give location)
	every item of information carefully. auses of death clearly and legibly.	INSTITUTION OR STREET ADDRESS Suburban Kospital ADDRESS 4409 Stratmore Ave.
	f in	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: OF
	n o	(Type or Print) John of Mockenberry DEATH: 10-3 1955
	iten of d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 Has.  Months Days Hours Min.
H	causes	10A. USUAL OCCUPATION (Give kind of working life.)  10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
Z	y ea	even if retired): PainTER d'Service Station l'ennsylvania
<u> </u>	Supply te the c	13. FATHER'S NAME:
217	Su	Marry dincoln Many Michaels.
OK	K. wri	15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SDCIAL SECURITY No.  17. INFORMANT & ADDRESS: Hottenberry - Wyles of service)
_		18. MEDICAL CERTIFICATION INTERVAL BETWEEN
5	N G	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Y .	0 ::	5401 B. I handows Stores 5 Jan
E25	TH UNFADING Physicians: plea	ANTECEDENT CAUSE (S)
		DISEASES OR CONDITIONS, IF ANY, (B)
MAKGIN	WITH nt. Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.
7	$\vdash$	(C)
Z Z		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Mysocardial Dufarction 1H days
	II.	DISEASE OR CONDITION CAUSING DEATH.
	PLAINLY, W.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
	2	S DEPT. 29 1955 KUPTURED PEDTIC VICER YES NO
	WRITE PL	21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)
	RI	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
	P	OF INJURY  M. While Not while at work at work
	(e O	22. I hereby certify that I attended the deceased from ept. 19, 1955, to Oct. 21955, that I last saw the deceased
	Q.	alive on Oct. 2, 1955, and that death occurred at 030 MM, from the causes and on the date stated above.
	ect	SIGNATURE DATE SIGNED
	SE TYI	William D Class M.D. Johns Johns had 10/3/55
	AS)	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR EREMATORY LOCATION (City, towns or county) (State)
	PLEASE cor	BURIAL 10-5-55 LUKWINGTON WATIONAL ARLINGTON VA.
	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR / O H   S   O A A A A A A A A A A A A A A A A A A
		111 Measuran many vis

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09904

9910 CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D <sub>j</sub>	
COUNTY THOUGHNEY MARYLAND	STATE COUNTY WAR	Lyonen	
CITY (If outlide corporate limits, write RURAL LENGTH OF STAY OR and greatest town) (in this place)	CITY(If optside corporate limits, write RURAL	and give nearest lown	
X TOWN Dermantowy life	TOWN Dermanlowy	X	
HOSPITAL OR INSTITUTION OR O TO TO	ADDRESS (If rural give location		
50 STREET ADDRESS CITION TO	にナル・サン		
3. NAME OF Chirst	(Last) 4. DATE (Month)	Day) (Year)	
(Type or Print)	DEATH:	LL 119 2 2	
tende 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDGWED DIVORCED. (Specity): Single You		Days Hours   Min.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  OA. USUAL OCCUPATION (Give kind of OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CUNS! A	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
marshall Haro	Thank Beckwille	_	
IS. WAS DECEASED EYER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT A ADDRESS: WILLE	7 0	
of service)	Demantown 17	nd	
18. MEDICAL CERTIFICAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN	
1024		ONSET AND DEATH	
IMMEDIATE CAUSE (A)	reunin	2 days	
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, (B)			
STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.	none		
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATIO	DN	20. AUTOPSY?	
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa	ctory, 21c, WHERE DID (City or town) (Coun	1	
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OCCUR?)  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   INJURY OCCUR?  OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bldg., etc.   INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from	20 1955 to Oct 22 1950 that I las	saw the deceased	
alive on Oct 22, 1952, and that death occurred as			
SIGNATURE		TE SIGNED	
	M. D. Vernon S. Marten Och.	23.1950	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY   COCATION (City Agen, o	county) (State)	
10-25-15 Make	my Hermanlow	mind	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE . DATE	FUNERAL DIRECTOR	ADDRESS )	

95EI 98 1300

The

Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

VS. A15-

Gawlers Sons Funeral Home ADDRESS 1756 Penn Avenue, N.W. Washington, D.C.

ADDRESS

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
	Virginia		
COUNTY Montgomery MARYLAND	STATE COUNTY		
CITY (If outside corporate limits, write RURAL CARS HOPE STAY OR SING SING SING SING SING SING SING SING	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria		
HOSPITAL OR INSTITUTION OR 5 STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 3418 Old Dominion Boulevard		
	(Last)  4. DATE (Month) (Day)  OF October 23 19 55		
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIYORGED. 12-1	1-48  9. AGE last birthday   If UNDER 1 YEAR   Hours   Min.		
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retlred): None	Virginia (State or foreign country): 12. CITIZEN OF WHAT		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
John K. HOGAN	Catherine S. KINSELLA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unk.) (If Yes, give war or dates of service)	Father LTCOL John K. HOGAN Same as above		
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
IMMEDIATE CAUSE (A) Trumboth	cray, left being 10 min		
DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B)	lic wards, being, belatera 10 days		
STATING UNDERLYING CAUSE LAST.	, A		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	car septicima 11 days		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	land, post operation status 12 days		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. 2010-011		
October 13, 1955 Walrotation bawel a	ducderal obstruction YES EDK NO [		
21A. ACCIDENT WAS UNDERLYING OF 18. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. INJURY OCCUR? (City or town) (County) (State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4 Oct	6:37M, from the causes and on the date stated above.		
THE STATE OF THE S	ADDRESS ADDRESS DATE SIGNED  Lo. NNMC, Bethesda, Maryland		
23. BURIAL. CREMATION.   DATE THEREOF   NAME OF CEMETE	ery or CREMATORY   LOCATION (City, town, or county) ational Cemetery Arlington, Virginia		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	9906
9912 CERTIFICATE OF DEATH Reg. Dist.	No. 214
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomers MARYLAND STATE D. G. COUN	TY
CITY (If outside corporate limits write RURAL LENGTH OF STAY OR and give nearest town)  TOWN  TOWN  CITY (If outside corporate limits, write RURAL at OR TOWN)  OR TOWN  TOWN  TOWN  TOWN	nd give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS  STREET ADDRESS  3610 - 39th St. N. C.	v.
3. NAME OF DECEASED: (Middle) (Middle) (Lactiogenson) 4. DATE (Month) (Day OF OF DEATH: 10 - 7	(Year)
Nale white (Specify) married 12 23 49 55 yrs.	ays Hours Min.
10a. USUAL OCCUPATION. Give kind of working life, work done during most of working life, industry:  11. BIRTHPLACE (State or foreign country): 12. (State or f	CITIZEN OF WHAT COUNTRY?
7 1	
15 WAS DECRASED EVER IN U.S. ASMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:	
15 WAS DECEASED EVER IN U.S. ASMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of service) W W T  (Yes, no. or unk.) (If Yes, give war or dates of service) W W T	olst-Nw. Wast
18. MEDICAL CERTIFICATION	Intervai Betwee
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Deat
Immediate cause  (a) Cornary transform	10 minus
Antecedent causes (s)	
stating the underlying cause last DUE TO	
(c) Certer gelmons	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
	Yes No E
SUICIDE OF office bldg., etc.) IIOMICIDE INJURY	STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   HOW DID 1NJURY OCCUR?   While at Not While   Not Work   At Work	
22. I hereby certify that I attended the deceased from april 19 5, to 195, that I last	saw the deceased
alive on 10 7, and that death occurred at 130 pm, from the causes and on the date SIGNATURE DATES	stated above.
Ruth B. Benedit ND 1808 Connecticul an IVW Was DC	10/1/27
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY ON CREMATORY LOCATION (City, Jown, or expression) 10-8-55	Menn
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  24. FUNERAL DIRECTOR REGISTRAR  10. 8-55  Trances  Ottor  The St. M. Munes Co 2901-18-1	ADDRESS N. UL
Machin	C. Or

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 2 / 7.

TAKOMA PARK 12, D.G.

0017			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
1. PLACE OF DEATH:  COUNTY OF A PROPERTY MARYLAND  CITY (If outside corporate insits, write RURAL) LENGTH OF ST.	STATE Mary land COUNTY MONTAINMERY		
CITY (If outside corporate mits, write RURAL) LENGTH OF ST			
OR and give nearest town)  OR and give nearest town)  Other  Or and give nearest town)  In this place)  I yr   mo   u	TOWN TO VIDE POLL 17		
	A Jakonia Fark		
HOSPITAL OR INSTITUTION OR Brooke grove Chronic Hospital Hospital	STREET (If rural give location)		
STREET ADDRESS	19 Pine St.		
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)		
DECEASED: (Type or Print)  5. SEX:   16. COLOR OR   7. (SINGLE) MARRIED.   18. DA	POOKER OF DEATH OCT 6 1953-		
5. SEX:  6. COLOR OR  7. (SINGLE) MARRIED.   8. DA	DEATH OF 190 /		
RACE: WIDOWED, DIVORCED. May	2 1072 On Months Days Hours   Min.		
	5, 18/3 8 × yrs.		
	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT		
even if retired : teacher Passic Schools.	Westhampton- Mass- 11.57		
113 FATHER'S NAME.	14. MOTHER'S MAIDEN NAME:		
Chas V. Hankor	Mary Fdwards		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY ND.  (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates	allen E. Hosku 1000 Prospect ave. Tak. PK. M.A.		
of service)  18. MEDICAL CERTIFIC	omen 6. Droman, roce transper up. rok. 1k. My		
18. MEDICAL CERTIFIC	ATION INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
442 1 2 2	solution la		
MMEDIATE CAUSE  (A)  DUE TO	July July		
ANTECEDENT CAUSE (S)	A		
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S:  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  DUE TO  DUE TO	levent Conther osulus 15 mg		
STATING UNDERLYING CAUSE LAST. DUE TO			
	to it soul t + Deven 10000		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	ION		
	20. AUTOPSY?		
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?			
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURE While   Not while	ED   21F. HOW DID INJURY OCCUR?		
OF INJURY  M. While at work at work			
22. I hereby certify that I attended the deceased from Apr. 30, 1954, to Oct - 6, 1955, that I last saw the deceased			
alive on UC . 1932, and that death occurred	at /2 5 M, from the causes and on the date stated above.		
SIGNATURE	ADDRESS DATE SIGNED		
SIGNATURE Basley Zeigley	M.D. alver, md 6 oct 55		
23. BURYAL, CREMATION, DATE THEREOF NAME OF CEM	ETERY OR CREMATORY   LOCATION (City, town, or county) (State)		
Busial- transit Oct- 10, 4955 WILDWOOD	CEMETERY AMHERST HOMPSUIPE CA. Muse		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	Control Discourse in the State of Them.		
PECISTRAR	CARROLL STANK		

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS. A15-10-53

THE REPORT OF THE PROPERTY OF

BUREAU V. S.

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1	ire	COUNTY MONTGOMERY MARYLAND STATE Maryland COUNTY MONTGOT	meru
- St		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL) LENGTH OF STAY	on root town)
18	tion	(in this place) OR	rearest wwn)
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	information clearly and	HOSPITAL OR INSTITUTION OR SHARON CHRONIC HOSP, STREET ADDRESS SHARON CHRONIC HOSP, ADDRESS FD # 1 GET Man Town	Mid
	inf	TO ALLENDER OF THE PROPERTY OF	3/11/1
	m of i	DECEASED: AA	(Year)
	n c lea	(Type or Print) // ary / 4/165 // OUCH DEATH: / U = /0	1935
	it of	F RACE: WIDOWED, DIVORCED. 7-92-1899 Months Days Hou	NDER 24 HRB.
	every	11 OA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS 11 BIRTHDIAGE (State on Consider assumbly)	
c	every	work done during most of working life.   OR INDUSTRY:	OF WHAT
Z	S Ca	Illustry in Home Mursing Willanding Wa Amen	
BINDIN	Supply te the c	13. FATHER'S NAME:	
Z	up of t		
2	K. Su write	IS. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS;	
R		(Yes, no, or unk.) (If Yes, give war or dates   6 3 /-	
FC	G IN	of aervice) 1/9-01-1275 Historials	
0	Gea	18. MEDICAL CERTIFICATION INTERVA	L BETWEEN
ÆD.	Za	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AND DEATH
RESERV	IQ	330%	
(A)	FA	IMMEDIATE CAUSE (A) Sub- Www. Community 2 5	Deus
Œ	TH UNFA	ANTECEDENT CAUSE (S) DUE TO	7
	U	DISEASES OR CONDITIONS, IF ANY. (B) HUMENLES MIC OTTER, Selection	ne.
ARGIN	CH	GIVING RISE TO THE ABOVE CAUSE DUE TO	-ps-
5	<b>I</b> (	(c) delen + Souil +	0
AF	W.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
×	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE	
	Do od	DISEASE OR CONDITION CAUSING DEATH.	1.
	AINL	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20, A	UTOPSY?
	3	YES	NOFT
	/RITE PL especially	21A. ACCIDENT WAS UNDERLYING   COUNTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc.   County OCCUR? (County)	(State)
1	WRIT		
	20	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
	1	22. I hereby certify that I attended the deceased from 9 20, 1955, to 10-10, 1955, that I last saw the	
~	(H) (M)		e deceased
ro Lo	0	alive on . 10 9 . 1955, and that death occurred at 10 m, from the causes and on the date stated a	bove.
0	T.Y.	SIGNATURE DATE SIGNE	D
1	E C	John Rosley Legler M.O. array My 10-1	0-55
10	01	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY COCATION (City, town, or county)	(State)
11	EA	Bush (50 /3 /8/51) TRAN	
-	PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRE	
S	j.i.d	REGISTRAR L	SSINV
		10-19-55- Herlinde 13 fanter Wy W Jarber Thomas	Vellif

BUREAU V. S. 9501 77 100

A	y. The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  9916, FilmG187, 10-10-55 et CERTIFICATE OF DEATH Reg. Dist	2/4
	information carefully.	1. PLACE OF DEATH:  COUNTY  CITY (If outside corporate limits, write RURAL OR and give nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  AMERICAN STREET ADDRESS  AMERICAN STREET ADDRESS  2. USUAL RESIDENCE (HOME) OF DECEASE STATE  CITY(If outside softporate limits, write RURAL or TOWN  STREET ADDRESS  (If rural give location)	and give nearest town)
FOR BINDING	K. Supply every item of in write the causes of death c	Type or Print) PETER HUGHES  OF DEATH: /0  S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday Jr UNDER IN	Pays Hours   Min.
MARGIN RESERVED FO	ITH UNFADING IN Physicians: please	18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.1  IMMEDIATE CAUSE ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	INTERVAL BETWEEN ONSET AND DEATH
	R WRITE PLAINL is especially impo	DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  NONE  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc.  21C. WHERE DID (City or town) (Count injury occur)  OF INJURY Street, office bldg., etc.  21D. TIME (Month) (Day) (Year) (Hour)	
VS. A15 — 10 - 53	PLEASE TYPE O	22. I hereby certify that I attended the deceased from MARCH 201955, to OCT. 4, 19 55 that I last alive on OCT. 4, 19 55, and that death occurred at 3:55 M, from the causes and on the date saddress Norway PI, D.  23. BURIAL. CREMATION. DATE THEREOF NAME THEREOF OR CREMATARY LOCATION City town, or REMOVAL (SPECIFY)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REGISTRAR  24. FUNERAL DIRECTOR  REGISTRAR  24. FUNERAL DIRECTOR	stated above. E SIGNED

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11	Y. 7	9917 CERTIFICATE OF DEATH Reg. Dist	. No.
1	carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
P	careful	COUNTY MONTGOMEN MARYLAND STATE Mainland COUNTY MA	nto mes
		CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL	
- its	tion	OR and give nearest town Betherda Fin this place TOWN Retherda	×
M	information	74 HOSPITAL OR STREET (If rural give location) STREET ADDRESS 8600 Old Lengtown 27	tenham
	of	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (OF (Type or Print) (DEATH: OF DEATH: OF DEAT	Day) (Year)
	r item of is of death	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED Specify) Warred Specify Specify Warred Specify Speci	YEAR IF UNDER 24 HRS. Days Hours Min.
5 N	every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  10B. KIND OF BUSINESS  11. BIRTHPLACE (State or foreign country): 12.	COUNTRY!
BINDIN	Supply te the	13. FATHER'S NAME:  andrew Otto Jutterly Conna Jut	
FOR B	INK. Su	(Yes, no, or unk.) (If Yes, give war or dates of service)	trecleugh
	-	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
VE	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ER		IMMEDIATE CAUSE (A) Wema	
RESERVED	UNF. sician	DUE TO	1 1
MARGIN R.	WITH U	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	6 months
RG	brand	(C)	
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	AINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1	4	May 1955 Carcinoma of Bladder	YES NO P
I	1	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Countributing CAUSE OF DEATH OF INJURY street, office bldg., etc.)	ty) (State)
	> 10	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
	0	22. I hereby certify that I attended the deceased from my, 1957, to the 1, 1957, that I last	saw the deceased
10 - 53	TYP		stated above. TE SIGNED
		221 BURIAL, CREMATION, DATE THEREOF   NAME OF CEMPTERY OR CREMATORY   LOCATION (Only, town, of	county) (State
Alb	PLEA	remation 19-5-5 Tel Timeola Com. fr. Lea. C	o. M.
× ×	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 8-13 PLANE M. Thompson of There's Q. 29	ADDRESS AND



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	OR
10 - 53	TYPE
VS. A15 — 10 - 53	PLEASE
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MARYLA	AND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18	09912
		CITT	TOTAL OF THE	OT	* * * * * * * * * * * * * * * * * * *	rar.		1

9918	CERTIFICATE	$\mathbf{OF}$	DEATH	Reg. Dist. No.
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3310				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DEC	CEASED:		
COUNTY Mongtomery MARYLAND	STATE Maryland COUNTY	Montgomery		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RU	URAL and give nearest town)		
OR and give nearest town) Olney (in this place)	Town Brinklow	X		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen. Hosp., Inc.	STREET (If rural give lo	ocation)		
	(Last) 4. DATE (Month)	(Day) (Year)		
DECEASED: (Type or Print) George E.	Iager OF DEATH: 10	19 19 55		
RACE: WIDOWED, DIVORCED,	O/78  9. AGE last birthday IF U Mor	nths Days Hours Min.		
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	: 12. CITIZEN OF WHAT		
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Henry R Jager	Caroline Pro	rupl		
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk) (If Yes, give war or dates of service)	Hospit record	W		
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
IMMEDIATE CAUSE (A) Apoply	in, kew on logica	5 days		
DUE TO		Je .		
ANTEGEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO				
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?		
	and the second second second	YES NO NO		
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., OF INJURY Street, office bldg.,	tory, 21c. WHERE DID (City or town) etc. INJURY OCCUR?	(County) (State)		
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from	, 1955, to Oct , 1951, that	I last saw the deceased		
alive on Cot 19, 1955, and that death occurred at SIGNATURE		date stated above.		
A. S. Bonesund	. D. Soundy Sping	10-20-53 reco		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, t	town, or county) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
REGISTRAR /-/- 4 T / D /	Rue III Barlow of	1 ila hall		

OCT 26 1955

SOUTH AND WAR AND

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VS.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

QQ1Q CERTIFICATE OF DEATH

RE, 18 09913 Reg. Dist. No. 2/6

TOWN Bellus of Town B	county Montgo news imits, write RURAL and sive nearest town)				
OR and give nearest town)  OR TOWN  HOSPITAL OR  HOSPITAL OR  FIRET (If AOORESS RY #	imits, write RURAL and sive nearest town)				
OR and give nearest town)  OR TOWN  HOSPITAL OR  HOSPITAL OR  FIRET (If AOORESS RY #	imits, write RURAL and sive nearest town)				
OR and give nearest town)  OR TOWN  HOSPITAL OR  HOSPITAL OR  FIRET (If AOORESS RY #	sda X				
HOSPITAL OR INSTITUTION OR SUBURBOAN WOSPITAL STREET ADDRESS Suburboan Wospital	zda X				
HOSPITAL OR INSTITUTION OR SUBURBOAN WOSPITAL STREET ADDRESS Suburboan Wospital					
AOORESS Suburban Hospital AOORESS RX #	f rural give location)				
NAME OF (First) (Middle)	F3				
NAME OF (First) (Middle)					
3. NAME OF (First) (Middle) \ (Last) 4. OA	ATE (Month) (Day) (Year)				
OECEASED: MO OF					
	EATH: 10 - 12 1955				
5. SEX: 6. COLOR OR 7. SINGLE, MARRIEO, 8. OATE OF BIRTH: 9. AGE last	birthday IF UNDER ! YEAR IF UNDER 24 HRS.				
(Specify):	yrs. Months Days Hours Min.				
	reign country):   12. CITIZEN OF WHAT				
work done during most of working life, OR INDUSTRY:	CQUNTRY?				
even if retired): Whosewife Washington	D.C. 11.5.				
9 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NA	ME:				
13. FATHER'S NAME:	<b>~</b>				
of Marlon 12. darity	Mayara				
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO. 17. INFORMANT & ADDRES (Yes, no, or unk.) (If Yes, give war or dates					
(Yes, no, or unk.) (If Yes, give war or dates None	151/2-2000				
NO of service) None Rt #3 Bott	tesda, red.				
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
170%	2				
IMMEDIATE CAUSE (A) CUCINOMULOTOS MAN	3 years				
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A) CUCINDIMENTS From OUE TO OUE TO OUE TO	1				
in light of all and a light of a	1001				
DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  OUT TO	17)/				
STATING UNDERLYING CAUSE LAST.					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
OISEASE OR CONDITION CAUSING OEATH.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING OEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
15 / 9 5 / 1 / 1/3/3/3/10/4 / 1 / 1/3/3/10/4 / 1 / 1/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/2 / 1 / 1/3/3/3/3/3/2 / 1 / 1/3/3/3/3/3/3/2 / 1 / 1/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3	YES NO				
21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. INJURY OCCUR?  21B. PLACE (Home, farm, factory, 21c. WHERE OID (City of INJURY Street, office bldg., etc. INJURY OCCUR?)  21C. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW OID INJURY OCCURRED 21	or town) (County) (State)				
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, 21c. WHERE OID (City of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(County) (County)				
Q (IF EITHER, NOTIFY MEDICAL EXAMINER)					
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW OID INJURY OC While Not while	CUR?				
M. at work at work					
	10//- 12 1 7 2 1 1 1 1 1				
22. I hereby certify that I attended the deceased from / 9.5. , 19, to QQ , 1955, that I last saw the deceased					
alive on Qc., 1955, and that death occurred at 650 M, from the causes	and on the date stated above.				
SIGNATURE ADDRESS	DATE SIGNED /				
E Stuat Clabb M.D. 3921hugna	19/14) 10/11/2-				
SIGNATURE  SIGNATURE  ADDRESS  M. D. 392   WYWA  S 23. BURIAL CREMATION, DATE THEREOF   NAME OF CEMETERY OR CREMATORY / LOCAT	TION (City, town, or county) (State)				
REMOVAL (SPECIFY)					
	shington, D. C.				
Burial 10-15-55 Glenwood Com. Wa	Dirangouit,				
	Bethesda, Md.				

OCL 19 1955
OCL 19 1955

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A15 - 10 - 53	
VS.	

9920 CERTIFICATI	E OF DEATH Reg. Dist	No. 2/7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Montgomery Maryland	STATE Maryland county Mont	gomerv
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)		
X TOWN Olney	TOWN Silver Spring	X
HOSPITAL OR	STREET (If rural give location)	1
73 STREET ADDRESS Mont. Co. Gen. Hosp., Inc.	Rt. #2 Box 1234	
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) Russell Winton		21 19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED.   8. DATE   1. Single   2. Single   2. Single   2. Single   3. Single		Pays Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
even if retired): Sod Worker	Maryland	usa
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Theodore Jackson	Ada M. Smith	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	indocadites.	6 weeks
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
) hom L		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2AUSE OF DEATH OF INJURY street, office bldg.	ctory. 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7.1.57.	1955, to 10/21/ 1957, that I last	saw the decease
alive on 1.5/24	9 a, M, from the causes and on the date	stated above.
	A. D. Standy To 10	county) A (State
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMENT OF STATE OF STA	ERY OR CREMATORY   LOCATION (City, town, or	in a state
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Old FUNERA DRECTOR Rocket	CORESS MA

BUREAU V. S.

DELAREDEN

DATE THEREOF

SIGNATURE

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correct TY

SE

K

SIGNATURE

Burial

23. BURIAL, CREMATION,

REMOVAL (SPECIFY)

REC'D BY LOCAL

(County) (State) . 1955, that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Park Wood Mem. Cemetery Baltimore. Maryland 8434 Ga. Iver Spring

(Day)

Days

S.A.

(Year)

1955

Hours

ONSET AND DEATH

DECENTED

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

21 CERTIFICATE OF DEATH

Dist. No. 216

	9921 CERTIFICATE	Reg. Dist. No.
A E	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
careful	COUNTY NONTGOMERY MARYLAND	STATE D. C. COUNTY
ca d le	CITY (If outside corporate limits, write WURAL LENGTH OF STAY OR and give pearent town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town)
tion	X TOWN BETHESOLA 4-CAYS	TOWN WAShingtoN 47x-3
ma	HOSPITAL OR INSTITUTION OR	STREET (If Jural give location)
for	14 STREET ADDRESS JUDUIDAN HOSPITAL	2925 arzona Gre N.W.
item of information carefully of death clearly and legibly.	S. NAME OF (First) (Middle) DECEASED: (Type or Print) Dertha Lizabeth	Anison 4. DATE (Month) (Day) (Year) OF DEATH: Oct. 31 1955
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE iast birthday   IF UNDER 1 YEAR   IF UNDER 24 Hes.   Months   Daya   Hours   Min.
every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11/ BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
pply the c	13. FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:
	Philip Kens	MARY TRONE
	15. WAS DECEASED EVER BY U.S. ARMEO FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17, INFORMANT & ADDRESS: 1315 MOT N
	of service)	Kichard H. JAMISON - WASH. DC
	18. MEDICAL CERTIFICATE I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
NIO	420.0	ONSET AND DEATH
FAI ns:	IMMEDIATE CAUSE (A) Insumone	a + congestive Heart taileure
UNFADING	ANTECEDENT CAUSE (S)	in a la international
0.7	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	excular Succellent with anymany the
	STATING UNDERLYING CAUSE LAST.	Kant alene :
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	arous / to the said
LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	el arlenodersis Buaculein
NI du	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4		YES NO NO
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
-	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
ge is	22. I hereby certify that I attended the deceased from 10/2	, 1955, to /0/3/ , 1955, that I last saw the deceased
	alive on 19/3/ 1955, and that death occurred at	130 M, from the causes and on the date stated above.
SE TYI	SIGNATURE	ADDRESS DATE SIGNED
SE	23. BURIAL, CREMATION, DATE THEREOF NAME, OF CEMETE	CRY OR OREMATORY   LOCATION (City, town, or county) (State)
PLEASE TYPE	REMOVAL (SPECIFY)	mal Printery most Canta Cop Va
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	REGISTRAR 11/4/55 Bessie Mr. Homkson	Hysong Funeral Home Wash. D.C.

BUREAU V. S.

SSST & ADA

BECEINED

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

The

Supply every item of information carefully.

I

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09917

9922 CERTI

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Silver Spring, Md.

Maryland COUNTY Montgomery
outside corporate limits, write RURAL and give nearest town Chevy Chase
s 6 Farmington Drive
4. DATE (Month) (Day) (Year)
9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Daya   Hours   Min.
ACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S.A.
R'S MAIDEN NAME:
MANT & ADDRESS: Pald P. Nye Egton Drive, Chevy Chase, Md.
theort Tailure the heart dises
20. AUTOPSY?
DIERE DID (City or town) (County) (State) OCCUR?  DID INJURY OCCUR?
rom the causes and on the date stated above.  DATE SIGNED  ATORY   LOCATION (City, town, or county) (State  Towa Falls, Towa
fr AI M.

TERMAN SOLEMAN SOLEMAN SOLEMAN SOLEMAN

V US TO THE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09918

0000	CERTIFICATE	OF	DEATH
9923	CHILITICIALL	OI	DIME

		JU	O T	11
Reg.	Dist.	No.	2	16

3343	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
countyMontgomery maryland	stateMaryland county Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Kensington	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10414 Detrich Ave.	STREET (If rural give location) ADDRESS 10414 Detrich Ave.
DECEASED: (Type or Print) MINNIE CATHERINE JOH	(Last)  4. DATE (Month) (Day) (Year)  OF DEATHOCTOBER 12, 19 55
Female White Widowed Nov.l	9. AGE last birthday IF UNDER 1 YEAR HOURS 4 HRS.  8,1865 89 yrs. Months Days Hours Min.
work done during most of working life, even if retiritiousewife Own Home	Virginia   US   11. CITIZEN OF WHAT
David W. Jones	Catherine Wines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Dr. Stewart Clapp-Kensington, Md.
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  (B)  DUE TO  (C)	sclerosis, general, severe 10 yrs +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	c Congestive heart failure 4 years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
OF INJURY   M.   Z1E INJURY OCCURRED While   Not while   at work   at work	21F. HOW DID INJURY OCCUR?
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETING REMOVAL (SPECIFY) Oct. 15,1955 Prospect	ADDRESS  ADDRESS  DATE SIGNED  1. D. 392/Wemm Sh. U. / 0 1/2 55  ERY OR CREMATORY LOCATION (City, town, or county) (State)
REGISTRAR 10 12 55 Bessie M. Horn kann	Woherld Gumphrey Bethesda, Md.

Z .V UASAUS

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DECENTED

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Item 19B Film G189 12-5-55 ams  9924 CERTIFICAT	E OF DEATH Reg. Dist. No. 2/6
1. PLACE OF DEATH:  COUNTY Montgomery MARYLAND  CITY (If outside corporate limits, write RURAL (in this place) Y TOWN Bethesda 28 days  HOSPITAL OR INSTITUTION OR STREET ADDRESS  Bethesda Maryland  3. NAME OF (First) (Middle)  DECEASED: William Leslie Ka	2. USUAL RESIDENCE (HOME) OF DECEASED:  District of Columbia  STATE  CITY(If outside corporate iimits, write RURAL and give nearest town) OR TOWN Washington, D. C.  STREET ADDRESS  (If rural give location)  1801 Columbia Road, N. W.  (Last)  4. DATE (Month) (Day) (Year) OF DEATH: Oct. 28, 1955
(Type or Frint)	E OF BIRTH:  9. AGE last birthday  7. Months Days Hours Min.  11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
13. FATHER'S NAME:  JOSEPH KATIKAS  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY NO.	Hungary  14. MOTHER'S MAIDEN NAME:  Maria Jeszenszky  17. INFORMANT & ADDRESS:
18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (B) Punchical	est midhrans + cerebral pedemole Sarg esis + chr. precumonitis, left ling?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION.	set, Right Kitneg
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for or contributing CAUSE OF DEATH OF INJURY street, office blds (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRING While Not while 1	actors. 21c. WHERE DD (City or town) (County) (State)
22. I hereby certify that I attended the deceased from Sept alive on Oct. 28, 19.55, and that death occurred a SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMERATORY CAPECIFY)	M. D. The Clinical Center, NIH, Bethesda, Md.  TERY OR CREMATORY LOSS (C. town, by county)  (State)  CEME 1884  24. FUNERAL DIRECTOR  ADDRESS

BUREAU V. S.

S561 8 VOV

#### 18 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

<b>IEDICAL</b>	EXAMINER'S	CERTIFICATE	OF	DEATH	No.
TTTT TO A T		CHIDMITHICALINE	OTI	TO THE PROPERTY	

orrect	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 2 /
9	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
The ly.	COUNTY MONTAGENCY MARYLAND STATE MIC COUNTY MONTA	7
ully. legibl	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and	
E E	OR and give nearest town) (in this place) OR TOWN (in this place) OR TOWN Takoma Park	17
of information carefully.	HOSPITAL OR STREET ADDRESS 4701 Montgomery (10/2 STREET ADDRESS 8703 Silbert Pl	1
mation	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day OF (Type or Print) William Evan Klese DEATH OF DEATH	(Year)
f infordeath	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Surger (Sp	ys Hours Min.
20	work done during most of work life, INDUSTRY:	CITIZEN OF WHAT COUNTRY?
ery iter	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
ca	Robert alan Keese Bartain Jorney	
Supply ev	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of none none none)  16. Social Security No.: 17. INFORMANT & ADDRÉSS:  NO NONE	as Jun 2
Sup	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
INK.	Immediate cause (a) Cardiac arrest	sudden
5	Antecedent cause(s) Chronic Fiedlers myocarditis	
OID	Diseases or conditions, if any. (b)	
AI	giving rise to the above cause DUE TO stating underlying cause last (c) Acute tracheo-bronchitis	3 days
UNFADING Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  Cereoral edema	Juays
H.H.	DISEASE OR CONDITION CAUSING DEATH	1 2
CY, WITH important.	2	20. AUTOPSY? Yes No
im',	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, PRIMARY   or CONTRIBUTING   OF street, office bldg., etc., INJURY   INJURY   OF STREET, Office bldg., etc., INJURY   OF STREET, OFFICE STREE	(State)
E PLAINLY especially im	21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   While at Not while   INJURY   M.   work   at work	
P	22. I hereby certify that I took charge of the remains described above, held an Autopsy 🖪, Inspection 🖂,	Inquiry   , and
WRITE ge is es	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undeter	
RIT is	SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
तर्द		10-20-55
SE	REMOVAL (Specify): 10 22 55 Ft Lincoln Comptons Connections	
PLEASE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24 FUNERAD DIRECTOR	ADDRESS
PL	REG10.21-55 Berein Thompson Hober H. Cumphrey, Beth	esda, Md.

PLEASE WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

20t 12 100

13 A 13 A 1

Armenda Money 74

COUNTY

(Day)

Days

(Year)

19.5

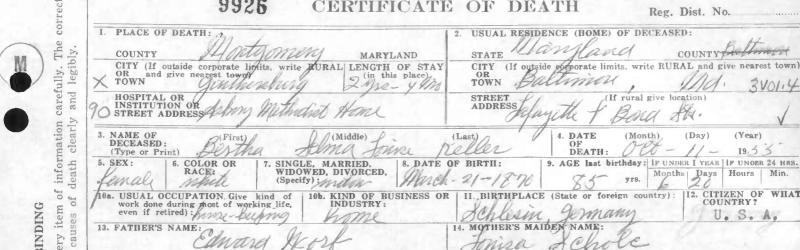
20. AUTOPSY ?

WHAT

Hours

12. CITIZEN OF

COUNTRY?



(b)

DUE TO

S. A. 17. INFORMANT & ADDRESS: 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No .: (Yes, no, or unk.) | (If Yes, give war or dates of service) write 0 MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death please (a) Immediate cause DUE TO

MARGIN RESERVED

eν

Supply

INK.

UNFADING Physicians:

WITH inportant.

PLAINLY

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especially

Antecedent causes (s) Disesses or conditions, if any,

REMOVAL (Specify) Burial

LOCAL

DATE REC'D BY

REGISTRAR

giving rise to the above cause

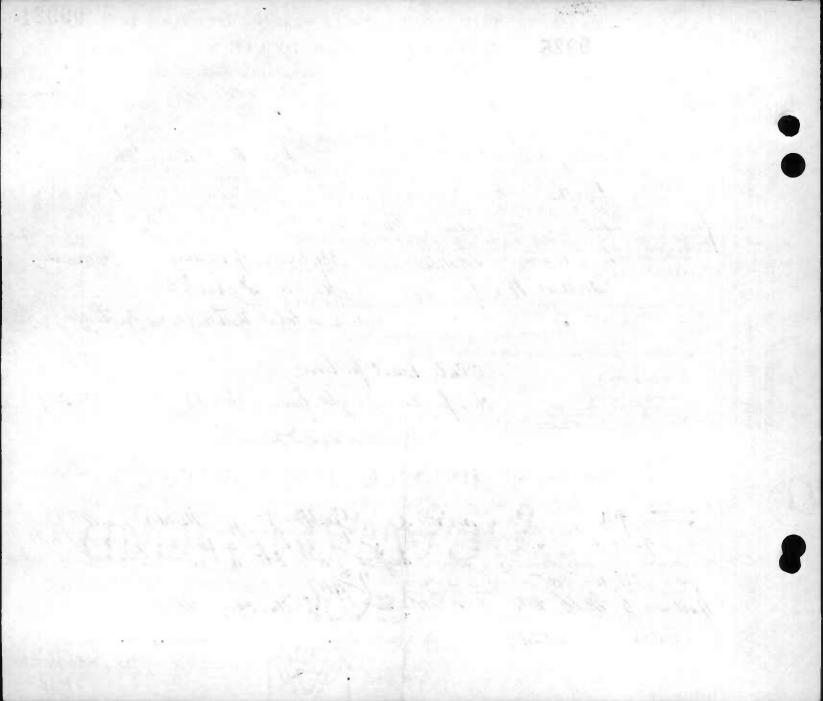
stating the underlying cause last.

OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes I No I 21. ACCIDENT (CITY OR TOWN) (COUNTY) (STATE) (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg. etc. HOMICIDE INJURY m no TIME (Month) (Day) INJURY OCCURED HOW DID INJURY OFCUR? (Year) (Hour) While at Not While INJURY Work At Work , 1932., that I last saw the deccased 22. I hereby certify that I attended the deceased from 1955

, from the causes and on the date stated above. alive on level ..., and that death occurred at SIGNATURE DATE SIGNED (Degree or title) ADDRESS LOCATION (City, town, or county) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY (State)

Cem.



BECENTED

SSOT & AON

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09	923 Dist.
Reg.	Dist.

TADICAL	MVAMINIAD!	CERTIFICATE	OTA	TATALATITE
инириската	EXAMINER'S	OKKINKI OATR	()H	DEATH

		2101
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND	STATE Maryland county Montgomer	У
CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and on TOWN Silver Spring	give nearest town)
HOSPITAL OR INSTITUTION OR 1012 South Mansion Drive	STREET (If rural, give location) ADDRESS 1012 South Mansion Driv	e /
3. NAME OF (First) (Middle) DECEASED: (Type or Print) JOHN WILLIAM	KERN 4. DATE (Month) (Day) OF DEATH Oct. 19	(Year) 19 55
Male White Widowed, Divorced, Feb.	E OF BIRTH: 9. AGE last birthday: IF UNDER I YE  14, 1894 61 yrs. Months Day	Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF Work done during most of work life, even if retired) Supply Clerk, Naval Gun Factory	W 1 1 1 D C	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Henry William Kern	Catherine Rosina Vogel	
	17. INFORMANT & ADDRESS: Mrs. Esther R. Kern, 1012 S. Mansi	on Drive
Immediate cause  DUE TO  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause  Stating underlying cause last  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	acclusion	death
DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes □ No 🔀
21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  OF street, office bldg., etc. INJURY	7, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   While at Not while INJURY   M.   work   at work	211. HOW DID INJURY OCCUR?	
DEMOVAT (Consten) 4	dent, Suicide, Homicide, Undeterr CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  RY OR CREMATORY LOCATION (City, town, or cou	mined cause [].  DATE SIGNED  (C-19.55  inty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	124 FUNERAL DIRECTOR 8434 Ga.	ADDRESS
19-21-00 planees seller	Warulk to lumpares ilver Sprin	e, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1

VS. A15A - 5 - 53

MARYLAND STATE PRIVATED OF BEALTH LANGERS OF

SEI 2 100

S. A15 — 10 - 53

PLEASE TYPE OR WRITE

9929 CERTIFICATI	E OF DEATH Reg. Dist. No. 215
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	District of Columbia
COUNTY Montgomery MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE DISCRICT OLCOPATUMBLE  CITY(If outside corporate limits, write RURAL and give nearest tow
OR and give nearest town)  TOWN  Rethesda Rural  (in this place)  12 days	OR TOWN Washington, D.C. 147x-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 930 Emerson Street Apt 212
S. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: October 10 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
RACE: WIDOWED, DIVORCED.	27-32 22 yrs. Months Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner life.  Wariner Retired	North Carolina 12. CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alonzo KING	Lela SWANNER
15. Was Deceased Ever IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates of service)  (Yes no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Wife Mrs. Florida E. KING Same as above
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ununumy, left testio 18 ments
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198, MAJOR FINDINGS OF OPERATION	NA 20. AUTOPSY
May 1954 Charcoepilleliana, ter	till: mylued retrogention class YESTEN NO
21a. ACCIDENT WAS UNDERLYING ☐ 21 PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
SIGNATURE	10:36R, from the causes and on the date stated above.  ADDRESS  ADDRESS  ADDRESS  ALL, NNMC, Bethesda, Maryland
	ERY OR CREMATORY   LOCATION (City, town, or county) (Stat
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 11 Oct 1955 hary 6 tarrelle	Saffell Funeral Home ADDRESS 475 H Street, N.W. Washington, D.C.

HE AT 100 TO SEE SEC CI CO VE DE ... - W 6:N--Cont , who send to the state of Lover L. J. State of the transfer of the

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9849

### CERTIFICATE OF DEATH

Reg. Dist. No. 223-

18434 Ga. ADDRESS Rey Silver Spring, Md

0010		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY MONTGOMESY MARYLAND	STATE M.D. COUNTY MON	toomely
CITY (If outside comporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL OR	and give nearest town
17 TOWN Takoma Park	TOWN Silver Springs	56
HOSPITAL OR	STREET (If rucai give )ocation	1)
75 STREET ADDRESS Wash. San. + Hospital	ADDRESS 9812 Mac Millan G	Tue
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Margaret Lillian B	INDEAL DEATH: 10	5 19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1  -13 - 86 68 yrs. Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12.	
even if retired): HSWI. Own home	Mont	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4.3.17.
John williams	Margaret Cooper.	
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
No of service)   516-12-5694 A	Chart - Gaughter- Mrs. Betty	Kralt - Same
18. MEDICAL CERTIFICAT	rion 0	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/ /) .	ONSET AND DEATH
687 MMEDIATE CAUSE (A) Cleute	· levenuce Toisming	6 days
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B) Ucute	Henry base Tanoutiles	Baus
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		0
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0/-4	1 0
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	norly proposition	12days
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N O	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, etc.   21c. WHERE DID (City or town) (Court   INJURY OCCUR?	nty) (State)
OF INJURY  OF INJURY  OF INJURY  (Year) (Hour)   21E INJURY OCCURRED While   Not while at work   at work   at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19 to 10 , that I las	at saw the decease
	F	
alive on 1955, and that death occurred at	ADDRESS ADDRESS	atated above.
Mayori L. harles	10 MIRlaske Que MU 1	MOCI
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town,	of county) (State
REMOVAL (SPECIFY) 10/0/05	Day 2 0 0	
OTCMADIO!		
DATE REC'D BY LOCAL REGISTRATIS STENATURE	24. FUNERAL DIRECTOR 8434	Ga. ADDRESS

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK. OR PLEASE TYPE

Supply every item of information carefully. The

-10 - 53A15 VS.

BUREAU V. S.

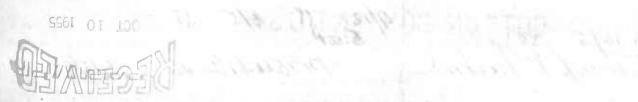
Milden Company

The transfer of the same of th

Collect le course Towning ile I

Orate Strandard lander our

7 ?



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09926 correct CERTIFICATE OF DEATH 9850 Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Md. Montgomery county Montgomery MARYLAND STATE COUNTY and legibly CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) /Y TOWN Takoma Park TOWN Park HOSPITAL OR STREET ADDRESS8 604 INSTITUTION OR STREET ADDRESS 8604 Flower . Avenue information eath clearly a Flower Avenue 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) DECEASED: OF George Washington Knierim (Type or Print) Oct. DEATH: death 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | Months | Days Hours male (Specify) married item c 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life, even if retired): Clerical INDUSTRY: COUNTRY? Government Jamestown, Missouri 13. FATHER'S NAME: every le caus Philip Knierim Catherine Walterscheid Supply every 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) Stanley Knierim 18. MEDICAL CERTIFICATION INK. INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH CONGESTING Immediate cause UNFADING Physicians: 1 ADING DUE TO ARTERIOSCLEROTIC HEART Antecedent cause(s) MARGIN Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not specially important. related to the disease or condition causing death. 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes No 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work WRITE 22. I hereby certify that I attended the deceased from 19 1, to Oct. 1, 19 1, that I last saw the deceased 8 SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 601 ASE 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) RUMIOVAL (Specify): PLE ATE REC'D BY LOCAL 24. PUNERAL DIRECTOR ADDRE

MEDIEN EN ESSE DOCT SO 1955

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIM	ORE,	1809927
9851	CEF	RTIFICATE	OI	HEALTH—BALTIMO DEATH	Reg.	Dist. No.

0.6	>	300		
-	= >	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
1	carefull legibly.	COUNTY MINTAINERY MARYLAND	min min	Marney
Y	leg	COUNTY MARYLAND  CITY (If outside sorporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	
		OR and give nearest town (in this place)	OR 1. // //	in give heavest town)
	tion	17 TOWN Jukoma Park 74rs	TOWN JOHNA Park	17
	ly ly	HOSPITAL OR	STREET (If rural give location)	1
	orr	INSTITUTION OR 72/1 Cedar Wenue	7211 Cedar avenu	l
	c ut	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
	m of information death clearly and		KOESTER OF DEATH: OEL.	28 1955
	ite	S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED DIVORCED. (Specify): LICLUMA OF		Pays Hours Min.
N.G.	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
10	pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BINDIN		Oszeph & Reeder	alijne?	
	K. Su write	18. WAS, DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
FOR	INK se w	(Yes, ho, or unk.) (If Yes, give war or dates of service)	Walter McClenn, 7211 Cedar (4	W. T. P. M.
	-	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
E N d	Z	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
RESERVED	ADING	IMMEDIATE CAUSE (A) Chronic C	ougestive heart failure	6 mos
SS	UNF	ANTECEDENT CAUSE (S)		
	U	DISEASES OR CONDITIONS, IF ANY. (B) Atlevio Sc	larolic heart direase	2 yrs
MARGIN	WITH UNF.	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
RG	WI t.	(c)		
IA	2 2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	AINLY import	DISEASE OR CONDITION CAUSING DEATH.		
	NI du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
	-	0		YES NO
	VRITE PL.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
	IT	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	200	OF INJURY (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	0 0	22. I hereby certify that I attended the deceased from April	, 1955, to October 24, 1955, that I last	saw the deceased
က	50	alive on October 28, 1955, and that death occurred at	60	
5	0	SIGNATURE , and that death occurred at	ADDRESS MIDAT	re signed
10			I.D. 9301 Colerville Rd. Silver Spring	October 28,195
1	SE		ERY OR CREMATORY   LOCATION (City, town, or	
A15.	PLEAS	CREMOVAL (SPECIFY) Qcl-31. 1955 Ceder Hill C	Trimatory Prince Seng Cer	
ŝ	PL	DATE REC'D BY LOCAL BEGISTRAR'S STENATURE	24. FINERAL DIRECTOR 254 Carve	ADDRESS //C
>		161 17 70 50 1	E A. COUNTY STUDIES, 239 Cave	I HE MUU NI

BUREAU V. S.

2561 I VOI

	e	giggyLand State Departmen	T OF HEALTH—BALTIMORE, 18	09928
	. The	Item 7, FilmG188 11-7-55 etCERTIFICAT	E OF DEATH Reg. Dis	t. No.
M	carefully legibly.	1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
興人	careful	COUNTY MONTGOMENY MARYLAND	STATE Md. COUNTY	Mosto
4	ca l le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
0,	tion	OR and give nearest town)  Town Kuly Sing Toy  (in this place)	TOWN WASH. D.C. 16	
X	item of information of death clearly and	HOSPITAL OR HOSINGTON GANDENS- 90 STREET ADDRESS NO	STREET (If rural give location ADDRESS 4919 ALBERTAGE IF	
	inf n cl	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	of	DECEASED: (Type or Print) CLAFA P KU		90 1953
	1	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED. DIVORCED. (Specify) WIDOWED.	11	Days Hours Min.
9	causes	NOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
BINDIN	Supply te the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.0.17.
Z	sup e th	WILLIAM. a- Schobert	ANNIEM. PIRTPOINT	
	e peet	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	-
FOR		(Yes, no, or unk.) (If Yes, give war or dates of service)	REST HEME RECOEDS	
. 65		18. MEDICAL CERTIFICA	FION	INTERVAL BETWEEN
RESERVED		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Lastrage Deck 1	ONSET AND DEATH
ESI	INF	ANTECEDENT CAUSE (S)	p. 11 + C. 130	
	K	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Mira Band Carlina	- t mot
MARGIN	H	(c) Sen!	13/4 ( 64, 43+)	1 42
MA	- 12	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	VL	DISEASE OR CONDITION CAUSING DEATH.		
	LAID y im	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
	WRITE PLAINLY, W especially important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (Court, etc., INJURY OCCUR?	nty) (State)
<b>S S</b>	15	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D   21F, HOW DID INJURY OCCUR?	
	0	22. I hereby certify that I attended the deceased from//?	0 , 1955, to 19 30 , 1955, that I las	t saw the deceased
- 10 - 53 E TYPE orrect ag		alive on	ADDRESS	stated above, TE SIGNED
Î	SE	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or	or county) (State)
V15	PLEASE	REMOVAL (SPECIFY) NAU 1-1956 CEDAR HIL		MO.
VS. A	PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 111155 Plane M. Homback	24. FUNERAL DIRECTOR CHEUY CHASE TENERAL HOME	ADDRESS SIE WISCOWS
		if it is in the interversion	all	All a No. Co.

SEEL & VOIL

CHEST CHISE TOWARD MODE

PLEASE

The

RE, 18 09929

Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	): 
COUNTY Montgomery MARYLAND	STATE Virginia COUNTY Arli	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
OR and give nearest town)  TOWN  Bethesda Rural  (in this place)  4 hours	TOWN Arlington	83×3
HOSPITAL OR	STREET (If rural give location)	
5/ INSTITUTION OR U. S. Naval Hospital	2820 South Abingdon St	reet. V
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) Alice Frances	LEACH OF DEATH: October	11 1955
RACE: WIDOWED, DIVORCED.	6-84  9. AGE last birthday   FUNDER 1 Y   Months   D	
IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life, even if retired) Housewife Housewife	Massachusetts	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Steven MORGAN	Mary SMALL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS:	
(Yes no, or unk.) (If Yes, give war or dates of service) Unknown	Son Charles A. LEACH Same as above	
18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Dislution	acidania	house
DUE TO		
ANTECEDENT CAUSE (S)	1111	Under
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Museum	00000000
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	al autimo ademin	4.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	Q. AUTOPSY?
D		YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (Count , etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURREI While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11 C	et 19 55 to 11 Oct 19 55 that I look	saw the decessor
alive on 11 Oct , 1955, and that death occurred at	2:19 PM, from the causes and on the date ADDRESS DATE	stated above. re signed
A. J. CAPPELLETTI LT MC USN U. S. Naval He	spital, NNMC, Bethesda, Marylan	đ
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or	county) (State
Burial 14 Oct 1955 Holy Cross	Cemetery Malden, Massach	usetts
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	I at surrent pipearen	
12 Oct 1955 Mary C. Farrelly	3021 14th Street, N.W. Was	nington, D.C.

CONTRACTOR OF THE PROPERTY. BUREAU V. S. SSET DI LOO

PLACE OF DEATH:

2. USUAL RESIDENCE (HOME) OF DECEASED

	)
1	
(	

VS.

garef	COUNTY Worldgomen MARYLAND	STATE MA COUNTY WEN	12 gomes
and le	CITY (If outside corporate limits, write RURAL CINGTH OF STAY OR and give nearbst town) (in this place)	CITY(If outside corporate limits, write RURAL OR TOWN	and give mearest town)
item of information earef of death clearly and legib	90 STREET ADDRESS Barley Red Hours	STREET   If rural give location ADDRESS	)
m of indeath c	3. NAME OF DECEASED: (Type or Print) Horence	omax OF DEATH: Octobe	(Day) (Year) 7 19 5 5
	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED April (Specify): Married April	2 18,1895 60 yrs. Months	Days Hours Mln.
y every	work done during most of working life, even if retired:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
Supply ite the c	13. FATHER'S NAME:	Westha Kelly	
G INK. Su ease write	(Yes, no, or unk.) (If Yes, give war or dates of service)	Wilson Lawry ma.	4 Springs.
	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
d d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
UNFADING sicians: plea	IMMEDIATE CAUSE (A) ATC	Mornation	THE PLANT OF
UNFA	ANTECEDENT CAUSE (S)		
Par.	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	un decubilus	
-	STATING UNDERLYING CAUSE LAST. (C)	inoma Meric	
~ 6	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING	Murs Gorten	
IN odu	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N /	20. AUTOPSY?
3	0		YES NO
	21A. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (if either, notify medical examiner)	tory. etc. 21c. WHERE DID (City or town) (Cour	nty) (State)
> m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
OR or		0.3 1948 to Oct 1, 195 That I las	t saw the deceased
TYPE rect a	alive on 1011 1922 and that death occurred at	11:15 M, from the causes and on the date	
EAS	23 BURIAL, CREMATION, DATE THEREOF NAME OF PRINCE	ERY OR CREMATORY LOCATION (City, town, o	or county) (State)
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2. FUNERAL DIRECTOR	ADDRESS LO



SSI VI 100

carefully. The correct and legibly.

I. PLACE OF DEATH:

CITY (If outside corporate limits, write RURAL OR and give nearest town)

6. COLOR OR

work done during most of work life,

10a. USUAL OCCUPATION (Give kind of

(First)

COUNTY

3. NAME OF

5. SEX:

DECEASED:

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

(Type or Print)

even if retired) :-

13. FATHER'S NAME:

	in	ea
	of	f
1	em	8
	7 it	use
1	rer	8
4	7 ev	the
-	ldc	te
MANUAL MEDITAL DE LOS DIAMESTOS	WRITE PLAINLY, WITH UNFADING INK. Supply every item of in	WI
	M.	Ise
	K	oles
	D'A	3:
	DI	ans
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4	NO	Phy
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	LY	in.
	E	1117
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	III	S
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	lam.	d

Supply e	(Yes, no, or unk.) (If Yes, give war or dates of service) 10. Social Seconty No.: 11. INFORMANT & ADDRESS: 10. Social Seconty No.: 12. INFORMANT & ADDRESS: 12. INFORMAT & ADDRESS & ADD	les me
INK. please	I8. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause  (a) Councry occlusion  DUE TO	andden
ADING icians: 1	Antecedent cause(s)  Diseases or conditions, if any, (b)	
UNFADING Physicians:	giving rise to the above cause DUE TO stating underlying cause last (c)	w)
Y, WITH UN important. Phy	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No W
	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, office bldg., etc., injury)  (County)	(State)
PLEASE WRITE PLAINI age is especially	21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   While at Not while   work   at work	
	22. I hereby certify that I took charge of the remains described above, held an Autopsy   , Inspection   , Inquiry   , and find that death resulted from: Natural causes   , Accident   , Suicide   , Homicide   , Undetermined cause   .  SIGNATURE	

9933 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE DEATH

STATE

TOWN

STREET

(Last)

8. DATE OF BIRTH:

ADDRESS

MARYLAND

10b. KIND OF BUSINESS OR INDUSTRY:

(Middie)

SINGLE, MARRIED,

(Specify):

156CLR

WIDOWED, DIVORCED,

LENGTH OF STAY

(in this place)

2/26-7

2. USUAL RESIDENCE (HOME) OF DECEASED:

4. DATE

OF

14. MOTHER'S MAIDEN NAME:

CRI 2 1 1 2 2 2.

DEATH

9. AGE last birthday: i

COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)

de

(State or foreign country):

(If rural, give location)

(Month)

Con la

(Day)

72

Months

(Year)

IF UNDER I YEAR | IF UNDER 24 HRS.

19

Hours

12. CITIZEN OF WHAT

COUNTRY?

RECEIVED

BUREAU Y. S.

Bused Col 25/15 Horal Cole and Ritharding " The Cole and Buttery " The Cole and Cole

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	RE,	180993
9934	CER	RTIFICATE	OF	DEATH	Reg	Dist No 6

	CHATTE	TOT DEATH Reg. Dist.	140.
>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
legibly	Most same	ma ma	Alleman,
leg	COUNTY 110000 MCCU MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
and	OR and give nearest town) (in this place)	OR (	in give inearest towns,
	X TOWN Betterda 36 days	TOWN GAITHERS DURG	X //
rly	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	/
clearly	TUSTREET ADDRESS Suburban Hospital	RLO. 3	
	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (I	Day) (Year)
death	DECEASED: (Type or Print) Frank 0	OWERY DEATH: 10 - 5	20 19 55
de	5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE		
Jo	RACE: WIDOWED, DIVORCED.		ays Hours   Min.
	10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WILAT
causes	work done during most of working life. OR INDUSTRY:	Mineres 10/21	COUNTRY
	even if retired): FARMER Truck 1-Armin	1//1/NESOTA (:)	11.5.4
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	UNKnowN	UNKNOWN	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	J. P. CAULCIA Id- Craither	burn Md
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	162X		-1
IIS	IMMEDIATE CAUSE (A)	agence munor man	Landelle
cia	ANTECEDENT CAUSE (\$)	na intermedios.	
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE		
Ph	STATING UNDERLYING CAUSE LAST.		
نب	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
OL	DISEASE OR CONDITION CAUSING DEATH.		
mp	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
	V and the second		YES NO NO
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact		y) (State)
ecie	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
sp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY While Not while at work		
.v	22. I hereby certify that I attended the deceased from	et 1055 4 2 0 00 1 10 58 44 4 8 1-4	see the desert
age			
	alive on . 19 000 , 1955, and that death occurred at		
Jec.	SIGNATURE	ADDRESS . Salara Spread	E SIGNED
correct		ERY OR CREMATORY   LOCATION (City, town, or	Jeounty) (State)
0	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	evanily 1	1.11
	Bund 10-21-00 formas		me ma
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. NUNERAL DIRECTOR	ADDRESS

HARLEY DAY Laborator and the second state of BUREAU V. S. AND SOME SOME OF THE PROPERTY 100 16-22-88 Janes 18-22-31 and the second of a

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED: CITY (If outside corporate limits, write RURAL in give nearest town) (If rural, give location) UVRYU (Month) (Day) (Year) 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. Days Months | Hours 12. CITIZEN OF WHAT 1i. BIRTHPLACE (State or foreign country): COUNTRY? D 400 INTERVAL BETWEEN ONSET AND DEATH

4. DATE

DEATH:

OF

20. AUTOPSY?

Yes No No

(COUNTY) (STATE)

HOW DID INJURY OCCUR?

7, 1955, to 10 - 12 19.55, that I last saw the deceased 

DATE SIGNED (State) LOCATION

A Section of the sect miss to the same and the same of the The second secon And with the second of the second of the second and a sector of the sector of BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 119934

Reg. Dist. No. 2 17

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside corporate limits, write RURAL and give nearest i RC (If rurai give location) (Day) (Year) (Month) 19-3 5 DEATH: 9. AGE last birthday: if UNDER I YEAR if UNDER 24 HRS. Days Months Hours 112. CITIZEN OF WHAT II. BIRTHPLACE (State or foreign country): COUNTRY? 14. MOTHER'S MAIDEN NAME: Intervai Between Onset And Death 20. AUTOPSY ? Yes No No (STATE) (COUNTY) HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 9/30/25, to 10/3, 1955, that I last saw the deceased ..., from the causes and on the date stated above. DATE SIGNED DATE REC'D BY LOCAL

BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9936 CERTIFICAT	E OF DEATH Reg. Dist. No. 2	17
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	/-
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomers	4
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	Y CITY(If outside corporate limits, write RURAL and give neares	town
OR and give nearest town) TOWN OINE  (in this place)  15 /2 has	s. OR TOWN Saithers burg	X
HOSPITAL OR	STREET (If rural give location)	1
3 STREET ADDRESS Montgomery Co. Gen. Hospita		1
B. NAME OF DECEASED: (First) (Middle) (Type or Print) Coward Carl	(Last) 4. DATE (Month) (Day) (Yet OF DEATH: 10 - 11 19	sr) 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE MIDOWED, DIVORCED, (Specify): Married (Sp		
OA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF	WHA
work done during most of working life, even if retired; and long now	* Russia (COUNTRY)	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Henry Madachurans	Henriella Hsmus	
TIENTY // 1009 & DUTG & T	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records	
18. MEDICAL CERTIFICA	ATION INTERVAL B	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DEAT
IMMEDIATE CAUSE (A) PRELLE	roma Broncho 2 da	45
ANTECEDENT CAUSE (S)	avi Heart Failure 3 more	th
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO	is relevative Heart 15 ye	ne
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	are .	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON 20. AUTO	PSY1
	YES	NO Z
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	actory, 21c. WHERE DID (City or town) (County) (St., etc.) INJURY OCCUR?	ate)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1955 to 62. //. 1955 that I last saw the de	cease
alive on Oct. 10, 1955, and that death occurred at		
SIGNATURE Achieves less	ADDRESS DATE SIGNED M. D. Cet. 11,	1-
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY   LOCATION (City, town, or county)	(State
REMOVAL (SPECIFY) 10-13-5-5+ Rock &	eck cem District of Col	,
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 1/8/2 ADDRESS	"HY

A15-10-53 VS.

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BUREAU V. S.

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LOCATION (City, town, or county)

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(State)

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23. BURIAL, CREMANION

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR

THE REPORT OF THE PROPERTY OF

T 7 1955

BUREAU V. S.

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00027
	9938 CERTIFICATE OF DEATH Reg. Dist.	No
bly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	):
legibly.	COUNTY MAN GO METH MARYLAND STATE MAYY AND COUNTY MAY COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL a	ni give nearest town)
and	X TOWN Bethes da 2 days TOWN ROCKYITTE	26
every item of information carefully auses of death clearly and legibly.	74 STREET ADDRESS Suburban Hosp - Street ADDRESS Shady Grou	e Road
death c	DECEASED: OF MANY	(Year) 1955
of de	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF BIRTH:   9. AGE last birthday IF UNDER 1 Y	
causes	10A. USUAL OCCUPATION (Give kind of working life, even if retired): Taymey Owner Owner Owner Owner	CITIZEN OF WHAT
A. Supply write the c	13. FATHER'S NAME:	Wisi
. E	15. WAS DECEASED EVER IN U. ARMED FORCEST   18. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates None Son-Carl Mann, Pt. 3 9a)	thersburg
NG IN	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
sicians: plea	581.0 IMMEDIATE CAUSE (A) Massive Gasfrix hemorrhage	2 1/2 day
ciar	ANTECEDENT CAUSE (S)	7
with UNFA nt. Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
-	(c) Torfal (atroples ) Cerrhosis lever	Hears
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Y E	2	YES NO
write Frainly, especially importa	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office hidg., etc.   INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)	y) (State)
nn n	OF INJURY OCCUR?  M.   21E INJURY OCCURRED   21F, HOW DID INJURY OCCUR?  While   Not while   at work   at work	
e C	22. I hereby certify that Lattended the deceased from ZClet , 195, to HCex, 195, that I last	saw the deceased
SE TYPE	alive on # 1955, and that death occurred at 10 5 fm, from the causes and on the date signature	tated above.
PLEASE	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, Jown, or REMOVAL (SPECIFY)	
E	Burial - 00/7-55 Parklawn Rockville, Mary	
Ω.,	DECISTRAD	esda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CITY

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3. NAME OF

5. SEX:

OR

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9939 Reg. Dist. No. 216 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: omerv MARYLAND STATE COUNTY (If outside corporate limits, write RURAL and give, nearest town) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town (in this place) OR TOWN HOSPITAL OR STREET (If rural give location) ADDRESS INSTITUTION OR STREET ADDRESS (First) (Middle) (Last) (Month) (Day) (Year) DATE DECEASED: OF 55 (Type or Print) DEATH: 19 COLOR OR 7. SINGLE. MARRIED DATE OF 9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRB. WIDOWED, DIVORCED RACE: Days Months Hours (Specify) ; s yre. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life, even if retired): OR INDUSTRY: COUNTRY? 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME 17. INFORMANT IS. SOCIAL SECURITY NO. ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates Matheurs leen of service) MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH A IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. **AUTOPSY?** YES TH NO T 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) at work

4 3 1950 1955., that I last saw the deceased age that I attended the deceased from PM, from the causes and on the date stated above. and that death occurred at alive on 7 correct DATE SIGNED SIGNATUR

23. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

ADDRE 24. FUNERAL DIRECTOR

county

LOCATION (City, town, or

OCT 27. 1955

BUREAU V. S.

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Supply every item of information carefully.

PLEASE TYPE

### RE, 18 09939 Reg. Dist. No. 2/6 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9940 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL  LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) X TOWN Bethesda 5 days	OR
WOSDITAL OR	TOWN Washington  STREET (If rural give location)
HOSPITAL OR The Clinical Center	ADDRESS
OSTREET ADDRESS Bethesda, Md.	1736 18th Street, N. W. Apt.306
B. NAME OF (First) (Middle)	(Last)   4, DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Harold August McAllia	DEATH:
RACE: WIDOWED, DIVORCED.	t. 5, 1892  9. AGE last birthday IF UNDER 1 YEAR Hours Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY: even if retired) Personnel Officer Hospital	Illinois U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Fayette McAllister	Clara Wilkins
Was Deceased Ever in U.S. Armeo Forces: 18. Social Security No. Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
Yes of service) WW I. 579-24-8474	The Medical Record, The Clinical Center
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONSET AND DEATH
163x P	LEVEL LE LEVEL LE L
IMMEDIATE CAUSE (A) TOLMONAR	Y EMBOLUS & THROMBOSIS 15 min.
ANTECEDENT CAUSE (8)	FEMORAL VEIN
DISEASES OR CONDITIONS, IF ANY, (B) CARCINONA	OF RIGHT LONG WITH 3 most
	OF SUPERIOR VENA CAVA 4
(c) HETASTASIS	TO TY VELTEBRA
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
9A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
) NOVE	YES NO NO
A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (County) (State)
ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	
M. While Not while at work at work	
19 I havely contifue that I attended the decount from Oat	12, 1955, to Oct. 17, 1955, that I last saw the deceased
alive on Oct. 17, 1955, and that death occurred at	9:00A.M, from the causes and on the date stated above.
SIGNATURF //	ADDRESS DATE SIGNED [0](7/5)
is asult flatalance m	. D. The Clinical Center, N.I.H. Bethesda, Md.
	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Oct 20, 1955 arlington	note Cemetery arlington Va.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTRAR 20-55 Bessie m. Thompson	The & H Ames Co. 2901-14th, St. NW
	1 1/10 1 15 10 1

BUREAU V. S. S361 PS 1300

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9941 CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

JULI CERTIFICATION	a or builtin neg. bist.	110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY MONAGAMENT MARYLAND	STATE COUNTY 4	7x-3
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		nd give nearest town)
OR and give nearest town (in this place)	TOWN Machinators	D.C.
HOSPITAL OR	STREET (If rural rive location)	70
INSTITUTION OR STREET ADDRESS ALLEN	ADDRESS 7/10 87 Th	T nin
3. NAME OF (First) (Middle)	(Last) / A. DATE (Month) (L	Day) (Year)
DECEASED: (Type or Print) Owner, Byan M	Clarkey DEATH: Petules	1
5. SEX:   6. COLOR OR 17. SINGLE, MARRIED,   8. DATE	OF FIRTH: 49. AGE last birthday IF UNDER 1 Y	
male month (Specify) Single (Cal	Tallet 17455 yrs. Months Di	Rys Hours Min.
WORK done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired):	md.	11-5 4
13. FATHER'S NAME:	14. MOTHER'S MAYDEN NAME:	,
John & millarkey	Masserete 3/x	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 11. SOCIAL SECURITY NO	INFORMANT & ADDRESS:	- man
(Yes, no, or unk.) (If Yes, give war or dates None	mother - 12	me
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Sum	· ho (neumenen	13 hours 12. Mr.
DUE TO		1 /400000 10 //2
DISEASES OR CONDITIONS, IF ANY. (B)	-> ( Smouthed Pin Atom	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	- Comment of the Control	
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
2		YES NO
21A. ACCIDENT WAS UNDERLYING \( \) OR CONTRIBUTING \( \) CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	D   21F. HOW DID INJURY OCCUR?	
OF INJURY  M. While Not while at work at work		
22. I hereby certify that I attended the deceased from	17, 1953, to Act 1, 1953, that I last	saw the deceased
alive on . (12, 17, 1953, and that death occurred at	7.0	
SIGNATURF		E SIGNED
	M.D. foll Mengelin and 10	118/55
REMOVAL (SPECIFY)	TERY OR CREMATORY LOCATION (City, town, or	county) (State)
	A. FUNE AL PRECIOR DECT.	1000555
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	KI - I KI II	
10.21-58 please M. Thompson	John M. Mengary ethesd	a Mid

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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	e	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	09941
	. Th	9942 CERTIFICATE	E OF DEATH Reg. Dist	. No. 2/6
	ulls	1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
•	tion carefully and legibly.	COUNTY MONTGOMERY MARYLAND  CITY (If outside corporate limits, write RURAL or and give nearest town)  X TOWN Bethesda	STATE Maryland COUNTY MONE CITY(If outside corporate limits, write RURAL a or Town Bethesda	no give nearest town)
- Immedia	formation learly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS 5401 Bradley Blvd.	STREET (If rural give location) ADDRESS 5401 Bradley Blv	vd.
M	metinforma	DECEASED: ORTON LOVE ME	EIGS OF DEATH: Oct.	Day) (Year) 12 19 55
	ite	male White Specify: Married Jan	1.19-18// /8 yrs. 8 2	Pays Hours Min.
ING	ly every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Ret. Cap.Tr.Co.	Washington, D. C.	COUNTRY? U. S.
IND	Supply te the	John Meigs	Sally (	Orton
FOR BINDING	K.	Yes, no of unk. (If Yes, give war of dates Yes Unknown	Ruth M.Meigs, 5401 Bra	ad.Blvd.Bet
	ADING IN	18. MEDICAL GERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	INTERVAL BETWEEN ONSET AND DEATH
SEF	FA	IMMEDIATE CAUSE  (A)	natosis, abdomen	Lyear
ARGIN RESERVED	WITH UNFAI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OR CONDITIONS  (B) CAPCINGNO  DUE TO	r of Colon	1 year +
AR	w.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
M	LY, orts	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	LAINLY, W important.	March 2 1955 Carcinomatosis of	f abdomen	20. AUTOPSY?
I	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office, bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
	S	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While At work at work	21F. HOW DID INJURY OCCUR?	
	E OR	22. I hereby certify that I attended the deceased from		
10 - 53	TYP	SIGNATURE	3 2 3 / 1	stated above. re signed
A15 —	PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ery or crematory Location (City, town, or In Cem. Prince George	county) (State)
\S.	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAB-18.53 BLAZIE M. SLOTHERAM	24. FUNERAL DISECTOR	ethesda, Md.

OCI 19 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09942
9943 CERTIFICATE OF DEATH Reg. Dist.	No. 214
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY WOND GOWING MARYLAND STATE Manylows COUNTY	· ham Br
CITY (If outside corporate limits write PURAL) WENGTH OF STAY CITY (If outside corporate limits write PURAL) or	
OR and give nearest town)  (in this place)  OR  TOWN  Recurrent town	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS // 200 Cyston W. STREET ADDRESS // 200 Cyston W. (If rura) give location)	rine!
3. NAME OF DECEASED: (Middle) (Last) (Last) OF OF DEATH: OF STATE (Month) (Day)	(Year) 19.53
5, SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): Widowed Meuch 7 (87)  S. AGE last birthday: If under 1 YE.  Months Day	AR IP UNOER 24 HRS.
	TIZEN OF WHAT
William m= Chintoek Mary Boland	71
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: many of the service) 16. Social Security No.: 17. INFORMANT & ADDRESS: many of the service 1200 Units of th	ator ho
18. MEDICAL CERTIFICATION	OInterval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420,0 Immediate cause  (a) Locoron, Luculous	Sudding
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  Callerio Selective Heart Research DUE TO	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
21. ACCIDENT (Specify) (PLACE (Home form factory street) (CITY OR TOWN) (COUNTY) (ST	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (ST	ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR?  While at Not While  Work At Work	
22. I hereby certify that I attended the deceased from May 1953, to 10/5 1953, that I last s	aw the deceased
alive on 10/1, 19.55, and that death occurred at 10 A M from the causes and on the date st	
23. PORIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, dwn, or counterprise of the period of the perio	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  24. FUNERAL DIRECTOR 8434 Ga	. Ave.
/ /Silver Spr	ing, Md.

Z . V UABRUA

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 9853

Reg. Dist. No. 223-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
0- 1	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MONT gomery MARYLAND	STATE TO C COUNTY	17x 3
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and giv.	e nearest town)
17 TOWN Takema tark. Md 3/2 hours	TOWN Washington D. C	
HOSPITAL OR	STREET (If rural give location)	
75 STREET ADDRESS Washington Jan + Hosp.	131 Webster St	V 1.1. 1/
A	(Last) 4. DATE (Month) (Day)	(Year)
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) (Middle)	Miller DEATH: Oct 19	1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 7-	4-93 62 yrs. Months Days	Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country):   12. CITIZ COUN	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Max Goldberg	Sophie album.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Wash. San + Hosp. Records	(son)
18. MEDICAL CERTIFICA	TION	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSE	T AND DEATH
138/Y	2. 1 2 4 .0	· P.
IMMEDIATE CAUSE (A) MASSIVE	Cerebral remoss hage	Ms
ANTECEDENT CAUSE (S)		
DISTANCE OF CONDITIONS IF ANY	cerebral hemor hage :	Tuha.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		100
STATING UNDERLYING CAUSE LAST.		//
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(c)		0
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		0
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		AUTOPSY7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	tory, 21c. WHERE DID (City or town) (County)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING OF OPERATION OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	20. YES  tory. 21c. WHERE DID (City or town) (County) , etc. INJURY OCCUR?	NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRE While Not while at work at work	Story. 21c. WHERE DID (City or town) (County)  ptory. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?	(State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLYING ☐ OF INJURY Street, office bldx.  21B. PLACE (Home, farm, factor of injury street, office bldx.  OF INJURY Street, office bldx.  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E INJURY OCCURRE While at work ☐ at work  22. I hereby certify that I attended the deceased from	tory. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?  19. , 19. , to 0. , 19. , that I last saw	(State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLYING ☐ OF INJURY Street, office bldx.  21B. PLACE (Home, farm, factor of injury street, office bldx.  21C. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E INJURY OCCURRE While at work ☐ at work  22. I hereby certify that I attended the deceased from	Story. 21c. WHERE DID (City or town) (County)  ptory. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?	(State)  the deceased above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor of injury street, office bldg.) (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E INJURY OCCURRE While at work at work  22. I hereby certify that I attended the deceased from alive on of the control of t	tory. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?  19 19 1, to 21.9, 19 1, that I last saw  7 177 M, from the causes and on the date stated	(State)  the deceased above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLYING OF INDINGS OF OPERATION OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRE While at work at work at work at work at work at work alive on of the signature of the signat	Etory. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?  P 1917, to OCI.19, 1977, that I last saw  TOTAL M, from the causes and on the date stated ADDRESS  DATE SIGNAL DE COUNTY  DATE SIGNAL DE COUNTY  TOTAL DE COUNTY  A. D. 100 County  TOTAL DE COUNTY  T	(State)  the deceased above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldz. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E INJURY OCCURRE While Not while at work at work  22. I hereby certify that I attended the deceased from alive on of the street of	tory. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?  19 19 1, to 21.9, 19 1, that I last saw  7 177 M, from the causes and on the date stated	(State)  the deceased above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldz. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E INJURY OCCURRE While Not while at work at work  22. I hereby certify that I attended the deceased from alive on of the street of	20. YES  Story. 21c. WHERE DID (City or town) (County)  D 21f. HOW DID INJURY OCCUR?  19. , 19. , to 19. , that I last saw  7. / M, from the causes and on the date stated and the date st	(State)  the deceased above.

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MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	09944
9944 CERTIFICATE	E OF DEATH Reg. Dist. N	10.2/6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montgomery MARYLAND  CITY (If outside corporate limits, write RURAL   LENGTH OF STAY (in this place)  TOWN Bethesda	STATE Maryland COUNTY Montg CITY(If outside corporate limits, write RURAL and OR TOWN Bethesda	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6919 Fairfax Road	STREET (If rural give location) ADDRESS 6919 Fairfax Road	1
DECEASED: (Type or Print) Edna C M  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	(Last) 4. DATE (Month) (Day OF DEATH: Oct. 29 OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR	19 55
	14, 1875 80 yrs. Months Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	Baxter Springs, Kansas	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Edward B. Campbell	Alice I. Smith	
(Yes, No or unk.) (If Yes, give war or dates of service) 18. Social Security No.	John H. Mitchell-Chicago, Ill	linois
IS. MEDICAL CERTIFICATE  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  332X IMMEDIATE CAUSE  (A) CEREBRO		S days
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. (B)	el arteriosclerosis	Lukmares
STATING UNDERLYING CAUSE LAST.  (C) General A	rleipdensis	1 1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	tosoken	3 mos
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	cory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
Francis Murray M.	DAMER STATE OF CREMATORY LOCATION (City, town, or co	29 1955
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE. REGISTRAR 11/155 Brase M. Hornfrom	24. FUNERAL DIRECTOR	ADDRESS lesda, Md.

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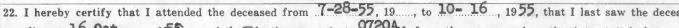
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MADVI AND CHARE DEDADRINEN	OF WEALTH	N DALTIMODE 10	ngg45
maryland state department 9945 CERTIFICATE			No. 215
1. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME) OF DECEASE	
COUNTY Montgomery MARYLAND	STATE New 1	ork county	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda (Rural)  LENGTH OF STAY (in this place) 2mo 10 days	CITY(If outside	corporate limits, write RURAL a	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET ADDRESS 310 Vall	(If rural give location)  ey Stream Blvd	/
3. NAME OF (First) (Middle) (DECEASED: (Type or Print) John Loyd MITC)	(Last)		16 (Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Married 11-11.	of BIRTH:	9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wariner  10B. KIND OF BUSINESS OR INDUSTRY:  WATINET	South Da	(State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S M	AIDEN NAME:	
Thomas W. MITCHELL	Olga WAT	PERWAY	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.  (Yeno, or unit.) (If Yes, sivelly & dotted Unknown of service) WILL & Rores Unknown	Obtained fr	om Official Navy Re	ecords
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	hoge	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	levotie hypx asenlo the	ertennie Carlis	ankanne
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	٧		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		DID (City or town) (CountR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work		INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-28- alive on 16 Oct 1955, and that death occurred at		he causes and on the date	



alive on 16 Oct Spotature D.C. TURNIPSEED M. D.U.S. Naval Hospital, Bethesda, Md.

(State)

**ADDRESS** 

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF REMOVAL Bur ial (SPECIFY) New York 20 Oct 1955

Pinelawn National

A. Pumphrey Funeral Home DATE REC'D BY LOCAL SIGNATURE REGISTRAR'S REGISTRAR 7557 Wisconsin Avenue, Bethesda, Md. 17 Oct 1955

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BUREAU V. S.

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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 (	0046
9854 CERTIFICATE		No. 223
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MON TON TON A PARK  COUNTY MON TOWN TAKOMA PARK  HOSPITAL OR	STATE Md COUNTY MON CITY(If outside corporate limits, write RURAL a OR TOWN S./VER SPRINGS STREET (If rural give location)	190mrey no give nearest town) 56
INSTITUTION OR	ADDRESS	01
3. NAME OF DECEASED: (Type or Print)  5. SEX:  6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, B. DATE	Montello OF DEATH: Out OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	Day) (Year) 7 19 5 b EAR   IF UNDER 24 HRS.   Ays   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  TAILOR  10B. KIND OF BUSINESS OR INDUSTRY:  Refired	ITALX	CITIZEN OF WHAT COUNTRY?  U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	old Record - Patient	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
153X	1 Signid	ONSET AND DEATH
ANTECEDENT CAUSE (S)	the melastació & live.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	with wilespress melais to all	20. AUTOPSY7 YES NO
2 A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Counterte. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
Signature 2 Come	102 P. M, from the causes and on the date ADDRESS DATE	stated above. TE SIGNED 1855. Park M.J
Barial OCL 1/955 SI Maria	24. FUNERAL DIRECTOR	ADDRESS. are.
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	9946 CERTIFICATI	E OF DEATH Reg. Dist.	No
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
carefull legibly.	COUNTY MONGON OF MARYLAND	STATE Maryland county Mont	gomery
d le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at OR	nd give nearest town)
tion	X TOWN Kensington nd 6 mos.	TOWN Silver Spring,	56
Atem of information carefully of death clearly and legibly.	90 STREET ADDRESS Honsing the Carelershering Home	STREET (If rural give location) ADDRESS 10300 Ridgemoor Dr	
in in h	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (D	Day) (Year)
em of i	(Type or Print) / TYGONE	rrisen DEATH: Od Bar	24 1955
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single Aug.	Months   De	Hours Min.
causes causes	or INDUSTRY:  even if retired): Stenographer Ret. ?	11. BIRTHPLACE (State or foreign country):  12.	U.S.A.
pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.0.4.
	John Morrison	Margaret N	1cCabe
K. Wri	15. WAR DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give war or dates of service)  None	17. INFORMANT & ADDRESS: James S. 10300 Ridgemoor Dr.Sil.S.	Owens Md.
G IN	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
E N Id	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
AD AD	IMMEDIATE CAUSE (A)	monary Empolism	Lhous.
iln KESEKVED TH UNFADING Physicians: plea	ANTECEDENT CAUSE (S)		PRAS
H H H	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	O MYCHESTES	9 1100
WITH at. Phy	STATING UNDERLYING CAUSE LAST.  (C)	to bat to	2
MAR PLAINLY, W lly important.	TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	eriosefort & Hout Disave	6405 ?
N d m	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
-	D neno		YES NO
-	21A. ACCIDENT WAS UNDERLYING OF PLACE (Home, farm, fac OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County, etc.	y) (State)
> m	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
. e O	22. I hereby certify that I attended the deceased from yu	1955, to 2 40 d, 1955, that I last	saw the deceased
TYP	alive on 195, and that death occurred at SIGNATURE		tated above. E SIGNED 24655
PLEASE		ERY OR CREMATORY   LOCATION (City, town, br	county) (State)
EA.	Burial Transt10-27-55 Calvary	Cem. Rutherford,	N.J.
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR REGISTRAR REGISTRAR REGISTRAR REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE	- Plakert a. Lumphrey Bet	chesda, Md.

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SS6T TE 100

BUREAU V. S.

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Supply every item of information carefully. N

MARGIN RESERVED FOR BINDING

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VS.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

DATE REC'D BY LOCAL REGISTRAT -55

REGISTRAR'S SIGNAPURE

7557 Wisconsin Bethesda, Md.

Ave

			106. 210	2100
1. PLACE OF DEATH:		2. USUAL RESIDEN	ICE (HOME) OF DECEASE	D:
COUNTY Montgomery	MARYLAND	STATE W. Vi	ginia COUNTY	
CITY (If outside corporate limits, write RU OR and give nearest town)  TOWN Bethesda Rural	RAL LENGTH OF STAY (in this place) 25 Days	OR TOWN Shor	rporate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Ho	spital	STREET ADDRESS Box 731	(If rural give location)	1
(	llentine MU.	(Last) IR	4. DATE (Month) ( OF DEATH:October	Day) (Year) 1 1955
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWEL (Specify):	D. DIVORCED.	of BIRTH: 9.	AGE last birthday   IF UNDER 1   Months   I	YEAR IF UNDER 24 HR6. Days Hours Min.
work done during most of working life, Consult retired in Superintendent	OR INDUSTRY:	II. BIRTHPLACE (Se	tate or foreign country):  12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
Robert B. MUIR		Cora SHAW		
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS: Wife: The	Lma D. MULR
Yes (If Yes, give war or dates of service) WW I	Unk.	Box 7	33, Short Creek,	W. Va.
	B. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
DI	1 4	J cerebrum left	origital region	Adays
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) State en	Con Desease	intend + anter value	2 weeks.
II OTHER SIGNIFICANT CONDITIONS CON	(C) / hlumall f	Teach sorour,	Miter + aorte valve	of augustin.
TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	ATH. Epidemor	d carcinima a	ith metastares	P 6 months.
19a. DATE OF OPERATION: 19B. MAJOR I	FINDINGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. PLACE (Home, farm, fac INJURY street, office bldg.	etory, 21c. WHERE DI , etc. INJURY OCCUR	D (City or town) (Coun	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	D 21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the	deceased from 6 Sep	, 1955, to 1 0	ct , 1955, that I las	t saw the deceased
alive on a October, 1955, and	that death occurred at	3:10P M, from the	causes and on the date	
H. I. PASSES, LT MC USN,	O.S. Navar Hospi	MAND, DE CHE		
23. BURIAL, CREMATION, DATE THEREO			Arlington, Vir	

A. PUMPHREY FUNERAL

Z .V UALINUS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland COUNTY MARYLAND STATE (in this place) Chevy Chase TOWN (If rural give location) STREET ADDRESS

1. PLACE OF DEATH: COUNTY Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY TOWN Chevy Chase 110SP1TAL OR INSTITUTION OR STREET ADDRESS Primrose St. (Day) (Month) (Year) (Last) 4. DATE 3. NAME OF (Middle) DECEASED: FLORENCE DEATH: Oct. DODGE MURPHY (Type or Print) 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH: 5. SEX: 7. SINGLE. MARRIED. COLOR OR Months | Days Hours WIDOWED, DIVORCED, RACE: (Specify): MarriedOct 10,1878 Female 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): IOa. USUAL OCCUPATION. Give kind of COUNTRY? INDUSTRY: work done during most of working life, even if retired): Housewife Washington NAME. C. 13. FATHER'S NAME: Willian Dodge Elizabeth A. Scrivener 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: (Yes, no, or unk.) | (If Yes, give war or dates of Primrose Chevy Chase, Maryland service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) . glvIng rise to the above cause stating the underlying cause last, DUE TO arterio Sclerosis OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes No Z (COUNTY) (STATE) (CITY OR TOWN) 2I. ACCIDENT PLACE (Home, farm, factory, street, (Specify) SUICIDE office bldg., etc.) INJURY HOW DID INJURY OCCUR? INJURY OCCURED TIME (Month) (Day) (Year) (Hour) Not While While at INJURY At Work Work [ 22. I hereby certify that I attended the deceased from May 17, 1912, to Uct 28, 1933, that I last saw the deceased alive on Oct 28, 19.35, and that death occurred at 428 PM, from the causes and on the date stated above.

SIGNATURE Edgar Snowden M.D 17/2 21 = NW Water 1881 Saw the detection of the date stated above.

DATE SIGNED LOCATION (City, town, or county) 7 3 Sate) BURIAL, CREMATION, | DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10-31-1955 Mt. Olivet Cemetery DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR WASH DIC

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E V UABRUA

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Supply every item of information carefully.

DATE REC'D BY LOCAL REGISTRAR 31 Oct 1955

REGISTRAR'S SIGNATURE

				/	-						Ī
	MARYLAND	STATE	DEPARTMEN	T OF	HEALTH-	BALTIMO	RE,	18	09	95	
	9949		RTIFICAT							215	
EA	ATH:		THE A TOTAL OF	2. U	SUAL RESIDEN	CE (HOME) OF	DEC	EASED	):		ī

OUTS . CHARLETONIA	d Of Dialit
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE South Carolinanty 77 x 3
CITY (If outside corporate limits, write RURAL or stay and give nearest town)  Town Bethesda Rural LENGTH OF STAY (in this place)  3 mo 23 day	CITY(If outside corporate limits, write RURAL and give nearest town) OR
HOSPITAL OR INSTITUTION OR STREET ADDRESS. S. Naval Hospital	STREET (If rural give location) ADDRESS 33 Saratoga Street
DECEACED	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH: October 30 19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, General Single   6-2-0	9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner Mariner Retired	South Carolina   12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ervin MALLEY	Eula NORRIS
(Yes, no, or unk.) (If Yes, give war or dates of service) WW II	'From Official Navy Records
18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
163X	P. 00 P.
IMMEDIATE CAUSE (A)	approte
ANTECEDENT CAUSE (S)	1000 3 -4 00 1
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  DUE TO	Cell Carinoma. of approxice with metastisis. metaly 1/2 y
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N_ 20. AUTOPSY?
april, 1955 Squamour Cell C	accinome of Lung YES NODE
21A. ACCIDENT WAS UNDERLYIN⊕ ☐ 21B. PLACE (Home, farm, fact) OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	tory, etc. INJURY OCCUR? (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7 Jul	1955, to 30 Oct 19 55 that I last saw the deceased
alive on 30 Oct 10.55 and that doo't accounted at	7:48PM from the sauses and on the data stated shows
alive on 30 Oct 1955, and that death occurred at SIGNATURE M. D. WILLSAME, Q.	ADDRESS DATE SIGNED
M. D. WILLCOTTS JR LTJG, MC, USNR, U. S. NE	aval Hospital, NAME, Betnesda, Maryland
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) RITTIAL TRANSIT: 31 Oct 1955 Private Cen	

Gawlers Funeral Home ADDRESS 1756 Pennsylvania Ave., N.W. Washington, D.

LES LOUIS LOUIS DE LE COMPLET.

BUREAU V. S.

1955 S 1955

WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE OR

DATE REC'D BY LOCAL

Mary 6. Jane

Supply every item of information carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9950	CERTIFICATE	OF	DEATH
A A A A	CHILITICALL		

215 Dog Diet No.

7557 Wisconsin PROFES, Bethesda, Maryland

	d OI DILLIII Reg. Dist. No. 1887
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE South Carolina 77x-3
COUNTY MOTIOGENETY MARYLAND  CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN Bethesda Rural  MARYLAND LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 167 Ranzer Drive
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Constance Barbara Nether	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: October 2 1955
Female   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single   12-8	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHATCOUNTRY?  South Carolina U.S.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles E. Netherland	Margaret Davis
(Yes, no, or unk.) (If Yes, give war or dates of service)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	17. INFORMANT & ADDRESS: 167 Ranzer Drive Charles E. Netherland Charleston Hts, S.C.
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (A)  DUE TO  DUE TO  Pheo chro	in in necrotic ileum Unhuman mocy toma right adural 3 months
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19b. MAJOR FINDINGS/OF OPERATION	by just rophy, pulm. conjection
23 Sept. 1955 Pheochromocytung st.	Lenal YES NO NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	, etc. INJURY OCCUR?
DF INJURY  M.   21E INJURY OCCURRED While   Not while   at work   at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 20 Se	pt , 19.55, to 2 Oct , 19.55, that I last saw the decease
all on 2 October 19.55, and that death occurred at	12:154M, from the causes and on the date stated above. ADDRESS DATE SIGNED
F. W. MEYER LESS MC. USN U. S. Naval Hom 23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETI	pd.tal, NNMC, Bethesda, Maryland ERY OR CREMATORY   LOCATION (City, town, or county) (State
Burial Goct 1955 Private Cem	

24. FUNERAL DIRECTOR R. A. PUMPHREY

R. A.

BUREAU V. S.

See of the

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 189952

9951 CERTIFICATE OF DEATH

Reg. Dist. No. 2) 8

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Montg MARYLAND	STATE Maryland COUN	TYMonte
CITY (If outside corporate limits, write RURAL LENGTH OF S	STAY CITY (If outside corporate limits, write RURAL ar	d give nearest town)
OR and give nearest town)  TOWN  Gaithersburg  57 yrs	oR TOWN Gaithersburg	V
HOSPITAL OR	STREET (If rural give location)	7
INSTITUTION OR STREET ADDRESS	ADDRESS	/
00 CINDEL ADDRESS	17 Meem Ave	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	
(Type or Print) Abell Archibald	Norris   OF OCT 23	19 55
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. D.	ATE OF BIRTH: 9. AGE last birthday: IF UNDER I Y	
(Specify) down	eb 21-1875 80 yrs. Menths 2	ys Hours Min.
10a. USUAL OCCUPATION Give kind of   10b. KIND OF BUSINES	ES OR   II BIRTHDI ACE (State or foreign country):   12. (	ITIZEN OF WHAT
work done during most of working life.   INDUSTRY:		OUNTRY?
even if retired i red. Agent of RR, Express 13. FATHER'S NAME:	Co. St Marys Co, Md,	7 2 29
io. Inthest of these.		
James Norris	Katherine Abell	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of		
service)	Norbert Norris. Gaithersbur	g. Md,
18. MEDICAL CERTIFIC		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between
450.0 anti	2 milion and 1	11.
Immediate cause (a)	monar Janus	I
Antecedent causes (s)	gardiar Jerluse	01
Diseases or conditions, if any, (b) Jerusaly	uf Corlerosclerous	2700
giving rise to the above cause stating the underlying cause last.		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT	TION	20. AUTOPSY ?
		Yes No No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory,	street, (CITY OR TOWN) (COUNTY) (S	TATE)
SUICIDE OF office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At Work		
		saw the deceased
11 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10		Saw one decompa
alive on 10/23, 1955, and that death occurred a	from the causes and on the date s	stated above.
Degree of the	21	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEM	Stufficher of my	0 2 4- 5'1
REMONAL (Specify) 10-26-55 St, Ros	METERY OR CREMATORY   LOYATION (City, town, or cot	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	/  24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR	Ernest C. Gartner, Gaither	
19-24-33 Mouda J. C. vo,	70	

OCT 27 1955

BUREAU V. S.

20. AUTOPSY? Yes No 🗆 (State)

ONSET AND DEATH

Reg. Dist.

(Year)

195

12. CITIZEN OF WHAT

COUNTRY?

No.

(Day)

find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause | . SIGNATURE

23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

DATE SIGNED

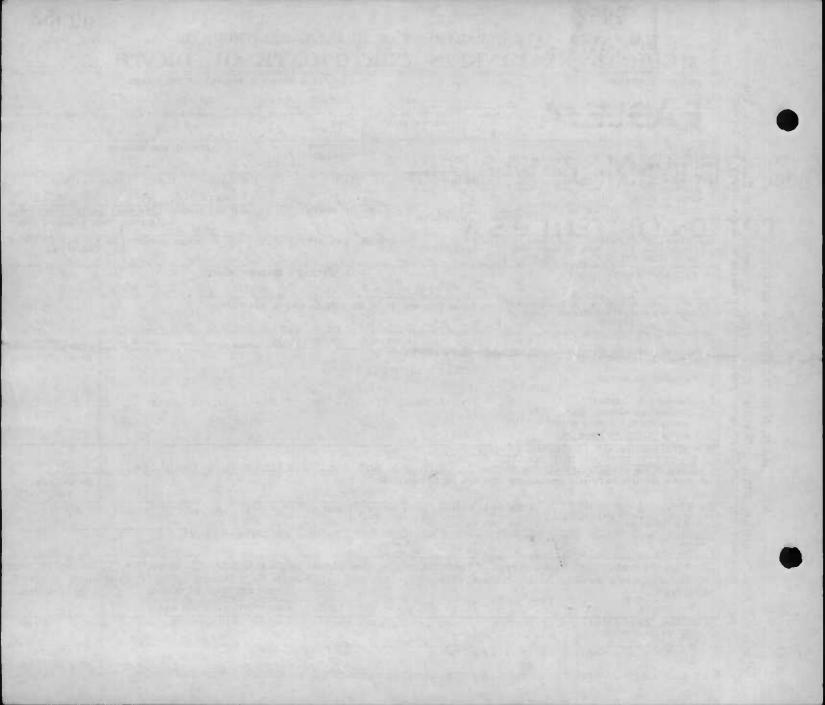
REMOVAL (Specify) :

24. FUNERAL DIRECTOR

LOCATION (City, town, or county) (State) ADDRESS

DATE REC'D BY LOCAL

RITE is es W Se SE PLE



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9861	CERTIFICATE	OF	DEATH
H 74 ED I			AZZZZZ AZZ

Reg. Dist. No. 254

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330L	1108	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MONTOCONOR MARYLAND	STATE COUNT	гу
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give regrest town) (in this place)	CITY (If outside corporate limits, write RURAL, RDG	d give nearest town)
abrown Crexuilla Lyk 8 mm	TOWN Closhidaton De	47x-
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
10 STREET ADDRESS WAVELLY SAN, TORIUM	3500- Maron b St N	V (p.c)
3. NAME OF DECEASED: (First) (Middle)	(Last)  4. DATE (Month) (Day)  OF DEATH: (Month)	(Year)
5 SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) OWC	OF BIRTH:  9. AGE last birthday: If under 1 YE Months Day yrs.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	R II. BIRTHPLACE (State or foreign country): 12. C	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: If (Yes, no, or unk.) (If Yes, give war or dates of service)	CONTORMANT & ADDRESS:	mbst N.W
18. MEDICAL CERTIFICAT	10N )	Interval Between
In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  DUE TO  Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO	d Arthettis	Onset And Death
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	viol Consid	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes Nox
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.)	t, (CITY OR TOWN) (COUNTY) (S	FATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY OCCURED Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from J.O.N.	19 15 to 00t 7 , 1955, that I last s	saw the deceased
alive on At A., 1955, and that death occurred at A signature (Degree or title)	from the causes and on the date s	tated above. TE SIGNED  (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 0/0/55	24. FUNERAL DIRECTORY JOSEPH Spendingland	ADDRESS 1756 PR
The state of the s		

BUREAU V. S.

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Supply every item of information carefully. The

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 9953 CERTIFICATE OF DEATH

u,	10	119	955
Reg.	Dist.	No.	215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Montgomery MARYLAND	STATE Maryland county Montgomery		
COUNTY MOTICE OTHER Y MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town		
OR and give nearest town)  Town  OR and give nearest town)  Bethesda Rural  Jays	OR TOWN Chevy Chase		
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 4807 Morgan Drive		
	(Last) 4. DATE (Month) (Day) (Year)		
(Type or Print) Wilbur 1 Dudley OSG	GOOD OF DEATH October 3 19 55		
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. RACE: WIDOWED, DIVORCED, (Specify): Married 10-5	9. AGE last birthday   If UNDER 1 YEAR   Hours   Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager  10B. KIND OF BUSINESS OR INDUSTRY: Wholesale import	Massachusetts  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHATCOUNTRY?  US		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Unknown	Unknown		
18. WAS DECEASED EVER IN U.S. ARMEO FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) WW I Unknown	Wife Mrs. Ione D. OSGOOD Same as above		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ne + ar terioscleratio Heart Diease 1 yr.		
DISEASE OR CONDITION CAUSING DEATH.	The state of the		
198. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? YES NO		
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2 1F. HOW DID INJURY OCCUR?		
SIGNATURF (M) Truga	1:25AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  L.D. NNMC, Bethesda, Maryland		
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or county) (State ational Cemetery Arlington, Virginia		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 3 OCT 1955  Mary 6. Farrelly	24thewerchause Toneral Home Address 5103 Wisconsin Ave, Washingotn, D.C.		

BULEAU V. S. SS61 01 100

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Physicians:

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I. PLACE OF COUNTY / CITY

13. FATHER'S

IS. WAS DECEASED

(Yes. no. or unk

ANTECED DISEASES OR

GIVING RISE STATING UND

OF "INJURY

	SHOULD THE STATE OF THE STATE O	00056
MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	09956
9954 Item 2, Film 188 10-21-5	OF DEATH Reg. Dist	. No. 216
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY MONTGOMERY MARYLAND	STATE COUNTY	
CITY (If outside perperte limits, write RURAL LENGTH OF STAY OR and give perpert town) TOWN (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN Washington, D. C.	nno give nearest town) 47X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS RESMON Sanitarium	STREET (If rural give location) ADDRESS 3250 Arcadia Street	/
DECEASED: (Type or Print) Alice C	Prsons OF DEATH : Oct /	Day) (Year) 15 1955
wale white (Specify): Widowed 23 Sep	of 1859   96 yrs.	Days Hours Min.
work done during floet of working life, even If retired):	Philadelphia, to,	CITIZEN OF WHAT COUNTRY?
Emes Avery	Julianno Welsh	
VAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY No.  (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Shile	Clark	471.
ANTECEDENT CAUSE (S)	* 10.10.	
SEASES OR CONDITIONS, IF ANY. VING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST.  DUE TO	of our ofe	
(C)	/ /	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	inal Cordise factor	
. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
. ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg., EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)
TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	

important. OTHER SIG TO THE DE DISEASE O 19A. DATE OF C especially 21A. ACCIDENT (IF EITHER, NOTE 21D. TIME (Mor

... 5-18 55 that I last saw the deceased 22. I hereby certify that I attended the deceased from Sint , 1945 to 10 20 PM, from the causes and on the date stated above.
ADDRESS DATE SIGNED alive on Set and that death occurred at SIGNATURE

00 10 M. D. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BUTTAL.

REMOVAL (SPECIFY) 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL SIGNATURE ADDRESS REGISTRAR

BUREAU V. S.

OC1 SO 1955

DECETATED

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09.9.57.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 216
		CHILITICALL	OT.		No.

2. USUAL RESIDENCE (HOME) OF DECEASED:	
STATE Candounty I ont	aprily
CITY (If outside corporate limits write RURAL an OR TOWN	d give nearest town)
STREET ADDRESS (If rural, give location)	
(Last) 4. DATE (Month) (Da OF DEATH	y) (Year) 19 55
V.51907 47 yrs. Months I	YEAR IF UNDER 24 HRS. Days Hours   Min.
R 11. BIRTHPEACE (State or foreign country): 12	COUNTRY?
14. MOTHER'S MAIDEN NAME: Wilha	nks
17. INFORMANT & ADDRESS: Naisy Co 1383 5th AVE NYC, NY.	ates
AL CERTIFICATION	INTERVAL BETWEEN
	ONSET AND DEATH
lusion	12 Km. 1
	••••
	20. AUTOPSY? Yes \( \text{No } \( \text{No } \( \text{V} \)
	(State)
	24 1 1 1 1
bed above, held an Autopsy [], Inspection	
CHIEF MEDICAL EXAMINER	DATE SIGNED
M. D. ASSISTANT MEDICAL EXAM.	10-9-55
CRY OF CREMATORY LOCATION (City, town, or e	ounty) (State)
Baplist Locktion (City, town, or a Baplist Linden, 7	ADDRESS
	STATE COUNTY COUNTY (If outside corporate limits write RURAL and OR TOWN)  STREET (If rural, give location)  (Last)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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EUREAU V. S.

THE SHEET RESIDENCE THE PROPERTY OF THE PROPER

please write the causes of death clearly and legibly. Supply every item of information

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 9956

Reg. Dist. No. 2/7

09958

7 7 7 7	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATE Maryland county Montgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	
OR and give nearest town) (in this place)	Town Gaibhersburg X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) /
3 STREET ADDRESS Montg. Co. Gen. Hosp., Inc.	Emory Grove Road
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Julia	Pollard  4. DATE (Month) (Day) (Year) OF DEATH: 10/ 20/ 19 55
Female   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED,   8. DATE   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   7. SINGLE   9/2/	9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.  74   81   Yrs.   Months   Days   Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  OR INDUSTRY:	Virginia  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	Grace Pollard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospt records
18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
260 X IMMEDIATE CAUSE (A) Card	iac farlure
ANTECEDENT CAUSE (S)	•
DISEASES OR CONDITIONS, IF ANY, (B)	a
STATING UNDERLYING CAUSE LAST.	^ ^ +
(c) Senelily	& dialete limellating
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	IN CONTRACTOR
TSA. BATE OF OFERATION.	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death of injury street, office bldg. (If either, notify medical examiner)	ctory, 21c. WHERE DID (City or town) (County) (State) ,, etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
	12, 19 J., to 10, 20, 19 J., that I last saw the deceased 122 A.M. from the causes and on the date stated above.  ADDRESS  DATE SIGNED
0 / 0	1. D. Soither has 10/20/55
	TERY OR CREMATORY LOCATION (City, town, or county) (State
Jural - 30 000	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR

DECENTED

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BUREAU V. S.

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1. PLACE OF DEATH:  COUNTY Montgomery MARYLAND  CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  Olney	2. USUAL RESIDENCE (HOME) OF DECEASED:
CITY (If outside corporate limits, write RURAL LENGTH OF ST OR and give nearest town) (in this place)	Mont comerc
CITY (If outside corporate limits, write RURAL LENGTH OF ST OR and give nearest town) (in this place)	STATE Maryland COUNTY Montgomery
X TOWN Olney	AY CITY(If outside corporate limits, write RURAL and give neared OR
1	TOWN Sandy Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. County Gen. Hosp.	STREET (If rural give location) ADDRESS Inc.
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Ye
(Type or Print) Malvin Sylvester	POWELL DEATH: 10 6 15
Male Colored (Specify): Wid.	TE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER STAR HOURS   Hours
OA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF
even if retired): Laborer	Maryland U/3
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Walter Matthews	Amanda Powell
(Yes, no, or unk.) (If Yes, give wer on dates of service)	Come addison sandy for
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  OABX IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE TO	CARDIAC FIALURA 4D  CARDIAC FIALURA 4D  CARDIAC FIALURA 10 y
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	SYPHILIS + ART. SCLEROSIS 2
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERAT	TON 20, AUTO
21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF INJURY Street, office bloom of contributing CAUSE OF DEATH OF INJURY street, office bloom of injury medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)	
22. I hereby certify that I attended the deceased from / O alive on 6.007, 19 5 3 and that death occurred	at 1:15 MM, from the causes and on the date stated above
Selen Booley Zuiles	M. D. ADDRESS  M. D. DATE SIGNED  M. D. CITY  LOCATION City, town or county  M. D. C.

OB AIBOBA

9-61 77 100

SIBEVO A. Z.

M. D.

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

DIRECTOR

(State)

non

(SPECIFY)

DATE

23. BURIAL, CREMATION.

DATE REC'D BY LOCAL

SE

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217-36-709/ BUREAU V. S. 9551 68 151

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY, WITH

Supply every item of information carefully. The

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18,00001 9950

CERTIFICATE OF DEATH

	Dist.	93	01	14
Reg.	Dist.	No.	0	1

	OUT CENTIFICATI	E OF DEATH Reg. Dis	t. No.
Z.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ID:
legibl	COUNTY Mortgoment MARYLAND	STATE Maryland COUNTY MON	Lamer
	OR and give parest town)  CITY (If outside conforate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL OR	ord give nearest town)
and	X TOWN Wheaton	TOWN Whealow	×
early	HOSPITAL OR INSTITUTION OR	STREET (If rurai give location	
ea	Ostreet ADDRESS 2208 Prichard Road	2208 Krichard	Road
h cl	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month)	(Day) (Year)
death	(Type or Print) MARY Mitchell C	UICK DEATH: OCI.	17 1944
of d	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1	Days Hours   Min.
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	ec 27-1868 86 yrs.	
causes	work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12	COUNTRY?
e Cs	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME:	USA
the	Xal mitakell	Part la la	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCERT   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
M .	(Yes, no, or unk.) (If Yes, kive war or dates of service)	mitchell Quick 2208 Prich	10 luntot
ease	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	420,0 and	entic Heat De.	10411
ans	DUE TO		10/03.
sici	ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, (B)		
Physicians	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
	(C)		
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
up	194. DATE OF OPERATION:   198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
	D		YES NO
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Courtetc. INJURY OCCUR?	ity) (State)
esp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
23	M. at work at work	1	
ge	22. I hereby certify that I attended the deceased from	7., 19.40, to Oct 17, 193 that I las	t saw the deceased
a	alive on 241. 10, 1901, and that death occurred at	9.20M, from the causes and on the date	stated above.
correct	SIGNATURE TO THE SIGNATURE	ADDRESS	TE SIGNED
cor	23. BURIAL, GREMATION, DATE THEREOF   NAME OF CEMETI	ERY OR CREMATORY   LOCATION (City, town,	r county) (State)
	REMOVAL (SPECIFY)	Il Cemetery Indianopolis	- Indiana
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	The D. H. Hines Co 2901-142	ADDRESS St. N.W.

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OC1 SO 1955

BUREAU V. S.

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9855

#### CERTIFICATE OF DEATH

09962 Reg. Diat. No.,

1. PLACE OF DEATH: MONTGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
13 -	State Nd. County MONTGOMERY
City or town TAKOMA TARIK (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 8317 FLOWER AVE
\$58317 FLOWER HVE.	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George SemLar Kapp	7
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
NI W married	20. DATE OF DEATH October 28 1055, at 2 F.
6.(b) Name of husband or wife HALEL RAPP,	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 17 1701	Jan 1950 10/0/8/ 1855
7. Birth date of	and that I last saw h. L. m. alive on 10/28/55/ 19
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
59  hrs,min	
9. Birthplace Damilton Ohio.	Due to to grantin facture 4 on
(Town, county, and atate)	
10. Usual occupation MINISTER - (RETIRED)	Thenty - Mosetleme heartle?
11. Industry or business SEVENTH-DAY ADVENTIST.	Due to
	City-line 416 X
12. Name Ray 13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Cartherine Kennp	Major findings of operations.
15. Birthplace	Date of op.
16 Informant MRS HAZEL REED RAPP.	Autopsy results.
Address 8317 FLOWERANE, TAKOMA PARK, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 10	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Comptery or crematory of says Thank . Domotory.	Where did injury occur?
Location Right Pearly - Heatherillo - Mat.	tnjured at home, farm, industry, public place (where?)
The State of the S	Means of injury Injured at work?
1B. Funeral director	00 1, 9/10 00
Address 24 Carroll St. M. My Japana Vark 12, DL	- Land
October et Attelien Dorlit	23. SIGNATURE
(Date roc'd by registrar)  Registrar	Address 50 ha deword of n Rain sloped 15/28/3

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•	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	10000
E/	. 9960 CERTIFICATE OF DEATH Reg. Dist.	No. 276
A Partie	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME.) OF DECEASED	1 /
carefull legibly.	COUNTY MONTGOMERY MARYLAND STATE M d. COUNTY MON	17 gomery
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR	
tion	Trown Bethesda ZWH-5dg TOWN Bethesda	×
information	HOSPITAL OR OR INSTITUTION OR STREET ADDRESS HAVE STREET ADDRESS H	/
of in ath c	DECEASED. Q	(Year)
m of death	(Type or Print) 6 M 1 DEATH: 0 CT, /  5. SEX:   6. COLOR OR   7/- SINGLE. MARRIED.   8. DATE OF BIRTH:   9. AGE last birthday if under 1 y	1955
ite	FRACE: WIDOWED DIVORCED NOV. 27, 1876 78 yrs. Months Divorced Nov. 27, 1876 78 yrs. 10 20	
NG every causes	10A. USUAL OCCUPATION (Give kind of working life, OR INDUSTRY:	CITIZEN OF WHAT
ING ly e	even if retired) House wise 114. MOTHER'S MAIDEN NAME:	4.5.
BINDING Supply evite the cau		
BI Su Su ite	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Mag C I	
FOR INK.	(Yes, no. or unk.) (If Yes, give war or dates None 17. Informant & Address: Mrs. C. I	Eldon Ray
ED NG plea	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
ADINA ES: F	1634	ONSET AND DEATH
SEF IFA	IMMEDIATE CAUSE (A) CARCINOM A OF SIGMOIN	18 MONTH.
RES UN Sicia	ANTECEDENT CAUSE (5)	
94	DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
EGIN /ITH . Phy	STATING UNDERLYING CAUSE LAST. (C)	
IAR, W	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
LY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
LAINLY, W	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
RITE PL.	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County OCCUR?)	y) (State)
× m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
0 9	22. I hereby certify that I attended the deceased from , 1953, to Det 17, 1955, that I last	saw the deceased
E TYPE	alive on Oct /2, 1955, and that death occurred at 6:55AM, from the causes and on the date s SIGNATURE ADDRESS	tated shove
	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or	10/1//33
PLEASE	REMOVAL (SPECIFY)	
T.	Burial 10-19-55 Cedar Hill Cemetery Prince George	ADDRESS Md
	REGISTRAR 9-53 Bearin Thampson Robert a Dumphus Bethe	

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BUREAU V. E.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19964

9961	CERTIFICATE	OF	DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town)  Y TOWN  Bethesda, Rural  (in thia place)  1 day	TOWN Chincoteague 83x-
HOSPITAL OR	STREET (If rural give location)
5/ STREET ADDRESS U. S. Naval Hospital	ADDRESS 20 West Kearsarge Circle
	(Last) 4. DATE (Month) (Day) (Year)
Timothy Lee	RILEY OF October 20 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 2-6	9. AGE last birthday   FUNDER 1 YEAR   Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	Bethesda, Maryland 12. CITIZEN OF WHAT
13. FATHER'S NAME: Burton C. RILEY	14. MOTHER'S MAIDEN NAME: Gail JOHNSTON
IS. WAS DECEASED EVER IN U.S. ARMED FORCES:  (Yes. No. or unk.) (If Yes, rive-war or dates of service)	Father Burton C. RILEY Same as above
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	liac Failure  toma Congenital  8 mos.
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
1 Par DATE OF OFERATION:	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc.   21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
G. A. MAGNANT LTJG, MC, USN U. S. Naval Hoge 23. Burial. CREMATION. DATE THEREOF NAME OF CEMETI Burial 24 Oct 1955 Lawrenceburg	ADDRESS DATE SIGNED  Spital, NNMC, Bethesda, Maryland  ERY OR CREMATORY LOCATION (City, town, or county)  Cemetery Lawrenceburg, Kentucky
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 21 OCT 1955 Pary 6. ranelly	7557 Wisconsin Avenue, Bethesda, Md.

REGETVE OCT 27 1955

# BUREAU V. S.

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please write the causes of death clearly and legibly.

especially important. Physicians:

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correct age TYPE

PLEASE

DATE REC'D BY LOCAL REGISTRAR

SIGNATURE

REGISTRAR'S

MANUAL COLOR DEPLOYMENT	
MARYLAND STATE DEPARTMENT  1 9982 CERTIFICATE	r of health—Baltimore, 18
1 9982 CERTIFICATE	C OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery MARYLAND	STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL CENGTH OF STAY or and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS	12707-Ga. Ave.
DECEASED:	Last)  4. DATE (Month) (Day) (Year)  OF DEATH: Oct. 25,19559
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE   White   White   Specify): Married   1-1-0	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR 1F UNDER 24 MRS.  Months   Dava   Hours   Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):  BAKER  10B. KIND OF BUSINESS OR INDUSTRY:	WASHINATON DC. 12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
GEORGE B SAUNDERS	Lilly Ballingers
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY ND.  (Yes, no, or unk.) (If Yes, give war or dates of service) (10. Social Security ND.	17. INFORMANT & ADDRESS: CERTRUDE SAUNDERS
18. MEDICAL CERTIFICATI	1270) GR. AVE. SILVER SPRING MD.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	onset and Death and mentingelle 3 months
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	· 1 71. line 0
DISEASE OR CONDITION CAUSING DEATH	ao. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor Control of Contro	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	188
alive on 2 4 , 19 55, and that death occurred at SIGNATURE	AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) 10/28/55 Tarkla	ERY OR CREMATORY   LOCATION (City, town, or county) (State)  When Money City, Ma

St. H. HINES Co. 2901 1465+ N.W. WASH. D.C

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OCT 27 1955

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OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

PLEASE TYPE

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VS. A15

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09966

9983 CERTIFICAT.	E OF DEATH Reg. Dist	. No. ∞/~
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY MONTO WARY MARYLAND  CITY (If outside corporate limits, white RURAL OR and give nearest town)  TOWN  HOSPITAL OR INSTITUTION OR STREET ADDRESS  MARYLAND  LENGTH OF STAY (in thia place)	CITY(If outside corporate limits, write RURAL a OR TOWN COSINGIO)  STREET If rural give location)	×
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CONGE WENR  5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED,	OCHORRE OF DEATH: 10 _ 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  13. FATHER'S NAME:  (Specify): Widows 5  (Specify): Widows 5  (Specify): Widows 5  (OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	1
Phillip Scherrer  15. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY NO.	17 INFORMANT & ADDRESS.	Schrider
(Yes, no, or unk.) (If Yes, give war or dates None no service)	Margaret Dove - wash	wett PK, MS
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  583 X  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ic feihre, stology undetermined:	INTERVAL BETWEEN ONSET AND DEATH
198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)	., etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?	
Burial 10-22-55 Forest Oa	M.D. 929 Flashing St. TERY OR CREMATORY LOCATION (City, town, or	stated above. re signed
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE REGISTRAR 10-21-55 Sessi m. Thompson	Water ta Rumphy Bett	

DECENTED !

S .V UASRUA S. S.

001 84 1955

(Month) (Day) 19 47 9. AGE last birthday Months (State or foreign country): |12. CITIZEN DF WHAT

Reg. Dist. No.

ONSET AND DEATH

20. AUTDPSY? NO L YES T

(County)

(State)

A M, from the causes and on the date stated above.

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9961 08 100

BUREAU V. S.

is especially important. Physicians: please write the causes of death clearly and legibly.

RESE	TIMIT
MARGIN	TIMETER
M	12 22 22 4
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correct age

MARYLAND STATE	DEPARTMEN	T OF HEALT	H RALTIMORE 19	00000
000=		E OF DEA		119900 No
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEASE	D:
COUNTY Montgomery	MARYLAND	STATE MARY	land COUNTY Mont	gomery
CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN Bethesda Rural	LENGTH OF STAY (in this place) 26 days	CITY(If outside	corporate limits, write RURAL s	
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospi		STREET ADDRESS	(If rural give location) Georgetown, Road	î
3. NAME OF (First) (Mid DECEASED: (Type or Print) John (D	1)	(Last) SCHNELL	4. DATE (Month) ( OF OCTOBER	24 (Year) 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRI WIDOWED, DIV  Male White (Specify): Marr	cied 3-4-		9. AGE last birthday   IF UNDER 1   Months   I	Days Hours Min.
work done during most of working life, OR I	of Business NDUSTRY: r Retired	Pennsylvan:	(State or foreign country):  12.	COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:	
Charles SCHNELL		Ameilai BUSH		
(Yes, no, or unk.) (If Yes, give war or dates Yes WW I & WW II	Unknown	Wife Mrs.	Groverst. Schnell ve	
18. ME I DISEASES OR CONDITIONS DIRECTLY LEADIN	DICAL CERTIFICAT	TION		INTERVAL BETWEEN ONSET AND DEATH
15 7 MMEDIATE CAUSE (A)	(arcino	ma pane	neax	17
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	UTING			
194. DATE OF OPERATION: 198. MAJOR FINDIN	NGS OF OPERATIO	N		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACON CONTRIBUTING   CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	CE (Home, farm, fac RY street, office bldg.,	tory, 21c. WHERE I	OID (City or town) (Coun	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E I OF INJURY M. at wor		21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the dece	ased from 28 S	ep, 1955 to2	4 Oct , 19 55 that I last	saw the deceased
alive on 24 Oct , 1955, and that	death occurred at	7:10P, from the Address	he causes and on the date S DA	
M. L. GERBER CHR'MC USN U. S.	Naval Hospit	ab, NNMC, Bet	nesda, Maryland	- country (Ch-4-)
23. BURIAL, CREMATION, REMOVAL (SPECIFY) RIMTIA  28 Oct 1955		ational Cemet		
DATE REC'D BY LOCAL REGISTRAR'S SIGN. REGISTRAR 25 Oct 1955		24. FUNERAL	Street N.W. Washin	ADDRESS

RECEIVED

OCT 27 1955

BUREAU V. S.

/ =	a line	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  CERTIFICATE OF DEATH  Reg. Dist.	09969
		9966	
1	ibly	1. PLACE OF DEATH:	
		COUNTY 11001 90M Cruy MARYLAND STATE 110. COUNTY 11000 CITY (If outside corporate limits, write RURAL and of the sand give nearest town) (in this place) TOWN Chary Character Town Charact	
W.	clearly	HOSPITAL OR THINSTITUTION OR Suburban Hospital STREET ADDRESS 4806 Chery Cha	se Blud.
		3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: OF DEATH: \O - \)	(Year) 5 19 55
5	of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
NG		10A. USUAL OCCUPATION (Give kind of working life, even if retired): Clarical Government	CITIZEN OF WHAT
BINDING	the	13. FATHER'S NAME:	
2 b	wri	18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS: 1 MOTHER OF SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS: 1 MOTHER OF SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS: 1 MOTHER OF SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARMED FORCEST 1	Lm 22 &
RESERVED F	plea	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  260 X	INTERVAL BETWEEN ONSET AND DEATH
SSE	sicians:	ANTECEDENT CAUSE (S)  OUE TO OUE TO	/ wiels
	nt. Physic	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
ARC	int.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
×	important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	4	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21C. WHERE DID (City or town) (County OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
	- nn	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work	
	og C	22. I hereby certify that I attended the deceased from fit 6 , 1953, to 15, 1955, that I last	saw the deceased
0 - 53	1	alive on	stated above.
1 {	COL	M. D. 6450 Will ANS HIE 1913  23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or RIMOVAL (SPECIFY)  Oct. 18.1955 Cedar Hill Cemetery  Prince George	
. A1	rlea	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE     247 FUNERAL DIRECTOR	ADDRESS
S	_	REGISTRAR 8.55 Bessin M. Thompson to hent (1. Leamphren Bethesda	a, Maryland



VS. A15-10-53

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
	CITIT	MINTER COLUMN	OX	TOTAL A PROTE	

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	09970
9967 CERTIFICATE	E OF DEATH Reg. Dist.	No. 216
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Metaponery MARYLAND	STATE COUNTY	47X-3
CITY (If outside corpo ate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL as	nd give nearest town)
XTOWN Bellesda Mars 6/24	5. TOWN Washington 15	DC.
HOSPITAL OR INSTITUTION OR	STREET ( rural give location)	V
Istreet ADDRESS Juburban Hospital	3211 Manny Son S1.	7.60.
		(Year)
(Type or Print) EFFIC LANDRUM S	ne Mon DEATH: 10-1	- 19 55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE		EAR IF UNDER 24 HRS.
RACE: WIDOWED, DIVORCED, (Specify):		Bya Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life, even if retired): Housewife	Tayer	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.13.
Look's LOE TE LOUIS.	Isabel Brown	
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	0
(Yes, no, or unk.) (If Yes, give war or dates	arthur Shillon - hubbar	20111
ATV	3211 Tanny 500 31 Mil	المالمال الم
18. MEDICAL CERTIFICATE I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN ONSET AND DEATH
332 X	1+1 1 . 1 . 1	/
IMMEDIATE CAUSE (A) LEPEDIA	Inrombosis, lett	/days
ANTECEDENT CAUSE (S)	1	
DISEASES OR CONDITIONS, IF ANY. (B) ATTERIO	sclerosis, geneal	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 +6 6 1 . 1 . 1 . 1	2.4
DISEASE OR CONDITION CAUSING DEATH	41 / 100 00515 r/911	JYrs
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2		YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from	, 1952, to Oct / , 1955, that I last	saw the deceased
alive on Sept 30, 19 55 and that death occurred at	AM, from the causes and on the date s	stated above.
1-1 D VIAI V	. D. 3421 Ingomes Stylo. Oc	A1 195
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
Burial (SPECIFY) 10/3/1955 Parklawn	Rockville, Ma	aryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR /0/3/55 13	24. GUNERAL DIRECTOR	ADDRESS
101313 Desse M. Hompron	rower a. murry	ethesda, Md.

Montgome | Idage of Jus | Westerglon 15, I.C.

Suburbon Hospites 3211 Anny son St. N.W.

Effic I moderum Sheldon 10-1-55

Female whate A-10-113 82

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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09971

ADDRESS Bethesda, Md.

CITY (If outside corporate limits, write RURAL on and give nearest town)  TOWN  Rethesda  CITY(If outside corporate limits, write RURAL (in this place)  OR OR TOWN  Atlanta	E) OF OECEASEO:
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  Rethesda  CITY(If outside corporate limits, write RURAL (in this place)  OR OR TOWN  Atlanta	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  Rethesda  CITY(If outside corporate limits of the place)  TOWN  CITY(If outside corporate limits of the place)  OR TOWN  Atlanta	OUNTY
	ts, write RURAL and give nearest town $49 \times -3$
INSTITUTION OR THE CITITET CENTER AOORESS	on Ave. N. E.
3. NAME OF (First) (Middle) (Last) 4. DAT OF OF OF	E (Month) (Day) (Year)
(Type or Print) Viola Davis Shelton DEA	
Female   RACE: WIDOWED, DIVORCEO, (Specify): Married   28 Nov 1874   80	rthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Min.   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  Housewife  10B. KIND OF BUSINESS OR INOUSTRY:  Tennessee	gn country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIOEN NAM	
John W. Davis Sarah Robinson	
Was Deceased Ever in U.S. Armed Forces? Yes, no, or unk.) (If Yes, give war or dates of service)  18. Social Security No.  17. INFORMANT & AODRESS:  None  The medical record	, The Clinical Center
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
MA Cerebral Metastases	
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) Malignant Melanoma, right forea	CM .
(C)	
	nic pyelonephritis
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.  Bilateral Bronchopneumonia, chro	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DETERMINE PROPERTY OF THE DESTRUCTION OF THE D	20. AUTOPSY? YES NO
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  None  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	town) (County) (State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:    19b. MAJOR FINDINGS OF OPERATION   None  21a. ACCIDENT WAS UNDERLYING   CAUSE OF OPERATION OR CONTRIBUTING   CAUSE OF OPERATION OF INJURY street, office bidg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, farm, factory. OF INJURY street, office bidg., etc. INJURY OCCUR?  NONe  21c. WHERE DID (City or INJURY OCCUR?  NONe  21d. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED While   Not while   21f. HOW DID INJURY OCCURRED While   Not while   21f. HOW DID INJURY OCCURRED	town) (County) (State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING DEATH.  19A. DATE OF OPERATION:    19B. MAJOR FINDINGS OF OPERATION   None  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, or contributing   Cause of Oeath of Injury street, office bldg., etc.   19B. MAJOR FINDINGS OF OPERATION   21C. WHERE DID (City or OF INJURY street, office bldg., etc.   Injury occur?   None   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. HOW DID INJURY OC	town) (County) (State)  UR?  55 that I last saw the deceased and on the date stated above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bidg., etc.  19B. PLACE (Home, farm, factory, injury occurs)  21C. WHERE DID (City or injury occurs)  NOME  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRED While Not while at work at work  22C. I hereby certify that I attended the deceased from May 10., 19.55 to .Oct. 15., 19.  alive on Oct 15., 19.55, and that death occurred at 9:15A M, from the causes a	town) (County) (State)  UR?  55 that I last saw the deceased and on the date stated above.  DATE SIGNED

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DECENDED

BUREAU V. S.

OCT 11 1955

correct age is especially important. Physicians: please write the causes of death clearly and legibly. UNFADING INK.

PLAINLY, WITH

PLEASE TYPE OR

The

Supply every item of information carefully.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9970

CERTIFICATE OF DEATH

RE, 18 09973

Reg. Dist. No. 2/4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland county Montgomery
CITY (If outside corporate limits, write RURAL OR and give nearest town)  5(TOWN Silver Spring 4 Months	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring  56
HOSPITAL OR INSTITUTION OR 8612 2nd Avenue	STREET (If rural give location) / ADDRESS 1386 Seminary Road
DECEASED: Tomos Monto	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH: October 14 19 55
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRE.
ioa. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Stock Clerk, G. C. Murphy Co.	Washington, D. C. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George T. Stadtler	Margaret Kirby
(Yes, no, or unk.) (If Yes, kive war or dates of service) WHY #7	Mrs. Pearl C. Stadtler, 8612 2nd Ave.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION Silver Spring Md. INTERVAL BETWEEN ONSET AND CEATH
STATING UNDERLYING CAUSE LAST.	i Coreinona -
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/29/55 Inoposable Carcin	one of stomach YES NO X
21A. ACCIDENT WAS UNDERLYING ☐ CR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4/1	3, 1933 to 10/14, 1934 that I last saw the deceased
SIGNATURE Sandhad M.	M, from the causes and on the date stated above.  ADDRESS DATE SIGNED 16/14/55
PENOVAL (CRECIEV)	Natil. Cemetery Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Uarner 6. Tumphry Silver Spring, Md.

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BUREAU V. S!

MARGIN RESERVED FOR BINDIN

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A15. VS. 09974

Reg. Dist. No.

COUNTY Montgomery	MARYLAND	STATE Pd. COUNTY MOS	regoniery
CITY (If outside copporate limits, write R	URAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
TOWN AKOMA	(in this place)	TOWN Silver Spring	.5%
HOSPITAL OR		STREET (Il rurai give location	
INSTITUTION OR ./ / /	1 Hackital	ADDRESS DO/	1/200
75 STREET ADDRESS Washington Sanila	him Lioshial	1 306 Wayne 1,	race
3. NAME OF (First)	(Middie)	(Last) 4. DATE (Month)	Day) (Year)
DECEASED: (Type or Print) Saya	Jane -	Sterling DEATH: Octobe	130 1955
5. SEX:   6. COLOR OR   7. SINGLE, RACE: WIDOWE	MARRIED. 8. DATE		
(Specify)	B, DIVORGED,	26 - 90 6 vrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10E		11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during ment of working life	OR INDUSTRY:		-COUNTRY?
7/000	home	1 10 en jersey	4.)
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Raymond McHllister	A DATE OF THE PARTY	Rachel Van Meter	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST	18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	none	Washington Sanitarium +H	ochital Round
			4
I DISEASES OR CONDITIONS DIRECTLY	IS. MEDICAL CERTIFICAT	TION V	ONSET AND DEATH
20113		4 6 /	ONSET AND DEATH
IMMEDIATE CAUSE	(A) / L	Cuto Superma	2 months
	DUE TO		
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)		
STATING UNDERLYING CAUSE LAST.			
TO STUTE SIGNIFICANT CONDITIONS CO	(C)		
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO			Tev Time
DISEASE OR CONDITION CAUSING DE	EATH,		
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATIO	N	20. AUTOPSY7
7)			YES NO
21A. ACCIDENT WAS UNDERLYING   211	B. PLACE (Home, farm, fac	etory, 21c. WHERE DID (City or town) (Cour	ity) (State)
OR CONTRIBUTING CAUSE OF DEATH OF	INJURY street, office bidg.	, etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	D   21F. HOW DID INJURY OCCUR?	
OF INJURY	While Not while at work	1	
M.	)	a la la	
22. I hereby certify that I attended th	e deceased from	8 , 1955, to ON 30, 1935 that I las	t saw the deceased
alive on Och 30 , 19 33, and	that death occurred at	//. J.M., from the causes and on the date	stated above.
SIGNATURF			TE SIGNEDIO-30-3
Thehole tomes m. de	718 Ellowaits	to Ame Silver Shing	mal
23. BUSTAL, CREMATION, DATE THEREO		ERY OR CREMATORY   LOCATION (City, town o	r county) / (State)
	Geo. Wash	Mem. Cemetery Prince George	January 25 1
DATE RECID BY LOCAL   REGISTRATOS		Mem. Cemetery Prince George	Jounty Md.
REMISTRATION 21 A TOTAL REGISTRATION	lion to all	4/2000 1 4 1/101 0434	Ga. Ave.
1400000 21 7982 1.110	The same of the sa	Wilkele L. Lumpkey, Silver	pring, Md.

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BUREAU V. E.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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Supply every item of information carefully.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()9976

9972 CERTIFIC	CATE OF	DEATH
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Reg. Dist. No. 215

	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery Maryland	STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL on and give nearest town)  Town Bethesda, Rural DOA	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
HOSPITAL OR INSTITUTION OR 5/STREET ADDRESS U. S. Naval Hospital	STREET (If rural give location) ADDRESS 4543 15th Street
DECEASED: Robert Orris Str	Last)  4. DATE (Month) (Day) (Year) cange Of October 5 195
RACE: WIDOWED, DIVORCED.	of BIRTH:  9. AGE last birthday   F UNDER 1 YEAR   IF UNDER 24 Has.    Months   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner  10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY?  Kentucky U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John William Strange	Linda Bell Hawkins
(Xes, no, or whk.) (If Yes, give war or dates of service WII & KOTES	17. INFORMANT & ADDRESS: Wife: Martha B. Strange, Same as #2 above
1MMEDIATE CAUSE (A) Infurction	of Myocar drum acute reget suclear
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Lest cor many artery thromboni. ar fery sclerosi
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	an fery sclerosia
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ar fly sclerosis  ar fly sclerosis  20. AUTOPSY? YES NO []  OTY, 21C. WHERE DID (City or town) (County). (State)
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg.,	Left en many antiry thromboni.  Le other plague with thromboni.  an fley sclerosi.  20. AUTOPSY? YES NO  DOTY. 21c. WHERE DID (City or town) (County). (State)



BUREAU V. S.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARYLAND	STATE	DEPARTMENT	$\mathbf{OF}$	HEALTH—BALTIMORE,	18
9973	CEL	PTTETC ATTE	OF	DEATH	EN!

CERTIFICATE OF DEATH

E,	18	09977
00	Dist	No 276

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY MONTGOMERY MARYLAND	STATE Md . COUNTY MON	Hannery
CITY (If outside corporate limits, write RULAL LENGTH OF STAY on and give neares) town)	CITY(If outside corporate limits, write RURAL ar	nd give nearest town)
X TOWN BY THES OF SOME	TOWN BethesdA	X. U
HOSPITAL OR INSTITUTION OR	STREET (If rura give location)	1
STREET ADDRESS UDUYDAN HOSPITAL	1 4601 KOXBUYU	Drive
S. NAME OF (First) (Middle)	(Last) 4 DATE (Month) OF	(Year)
DECEASED: (Type or Print) Leo BAVer	AUTOR DEATH: OCT 5	17 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   NIDOWED, DIVORCED.		EAR   IF UNDER 24 HRS. Bys   Hours   Min.
(Specify) MArried Aug.	3, 889 66 yrs. 2 2	Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life OR INDUSTRY:		CITIZEN OF WHAT
even if retired): MAChiNiSt 1. S. NAY Dept.	Virginit	11.5.17.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Drooke Towell laylor	EdWA HARVEY	
Yes, no. or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: 226 NOV	The GARTIE
of service)	ROSALIE AULOY - Arling to	N. Dirain
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) U ren	2.6	1 week.
DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) Ashal	man quelas diamas. + Tr. lula	I moult
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(c) Jeneral	yel ortelie Selevin	1831.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 de repense de notico	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	i sens outper a product	141
9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contribution of the		y) (State)
1D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURREN	D   21F. HOW DID INJURY OCCUR?	
F INJURY While While at work at work		
22. I hereby certify that I attended the deceased from	, 19/7, to . 7, 19,55, that I last	saw the deceased
	105.	
alive on		E SIGNED
1) 0 10 61 . 0	1. D. 3/00 Com Oul	18/17/55
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY   LOCATION (City, town, or	county) (State
Burial 10-20-55 Ivy Hill	Cem. Alexandria	Virgin
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1/29. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 19-58 Bessie M Thampson	Wobert H. Comphere Bet	hesda, Md

BECEINED

OCT 20 1955

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09978

9974 CERTIFICAT	E OF DEATH Reg. Dist. No	J.J. T.
I. PLACE OF DEATH Mortga MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	montge
CITY (If outside corporate limits, write RURAL and CR givo nearest town) CANOL (in this place)	OR TOWN CIPS AND TOWN	nearest town
HOSPITAL OR MINSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	1
3. NAME OF DECEASED (Type or Print) Max Middle) Guire	(Last) 4. DATE (Month) OF DEATH /O-	(Day) (Year) 30 - 1955
6. SEX 7 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Ranual	8. DAFE OF WIRTH 9. AGE last birthday II under 1	year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industry	Illenois	CITIZEN OF WHAT
13. FATHER'S NAME If Mean Mc Gur	14. MOTHER'S MAIDEN NAME LINKNOW -	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of leavice)	In The Mc Luin 2 Am	in mil
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	71	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cloronary	Thrombasio	Zhorero
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	مذم	gras
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No X
21. ACCIDENT (Specify) SUICIDE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TiME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/8 of		
alive on 0730 1955, and that death occurred at (SIGNATURE)	ADDRESS ADDRESS AND MA	ted above. DATE SIGNED
REMOVAL (Speedly) 11-2-55 (Edan	THE Suitand	Tud.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 791-55 Travers College	1 Lu Funeral Horne 4	ADDRESS 812 La aux
	Was	4 ac na

BUREAU V. E.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

29.879 Reg. Bist.

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH NO

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY DON'T TOME MARYLAND	STATE Dist. Col. COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  (in this place)	CITY (If outside corporate limits write RURAL and give nearest to	wn)
X TOWN Settlessey 1/2 has	TOWN Washington 16x-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5200 block Ruszu Rd.	STREET (If rural, give location) ADDRESS 6402 'A' Street, N. E.	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	
DECEASED: (Type or Print) Glenwood Lee T	ILLEY DEATH October 3, 19 55	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 7. SINGLE MARRIED, 8. DATE	9. AGE fast birthday: IF UNDER I YEAR IF UNDER 24	
Male   White   (Specify): Married   Jan.	5, 1920   55 yrs.   8   26	Min.
work done during most of work life.   10b. KIND OF BUSINESS OF	COUNTRY?	
even if retired): operator   Junk Yard-Self	Durham Co. N. Carolina   U.	SA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Floyd W. Tilley	Rosa Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
Yes service W. W. II Unknown	Arthur K. Tilley-Spencerville. Marylan	nd_
18. MEDICA	AL CERTIFICATION INTERVAL BET	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND D	
Immediate cause (a) Coronary or	eclusion sudoli	m
DUE TO		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPS)	Y ?
0	Yes □ No	Q
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. INJURY		
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21f. HOW DID INJURY OCCUR?	
INJURY M.   work   at work	al shows held on Automore D. Ingrestion D. Ingrish	- 7
22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes Id. Accid	dent $\square$ , Suicide $\square$ , Homicide $\square$ , Undetermined cause	
SIGNATURE	CHIEF MEDICAL EXAMINER TO DATE SIGN	
Though Wildows have	M. D. ASSISTANT MEDICAL EXAM.	5-
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (State	te)
Burial (Specify): (10/6/1955   Arlington Na	tional Arlington Virginia	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRES	S
REG. 10/3/55 Bessie M. Hamkron	Lee Funeral Home-Washington, D. C.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE TYPE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFI	C	ATT	TO	DE	THT
	1 / /			7 14 /	<b>A</b>

09980

CERTIFICATI	E OF DEATH Reg. Dist.	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY MONTONY MARYLAND	STATEMAN LEW COUNTY MOM	trong
CITY (If outside corporate limits write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	give near st town)
TOWN Grae Rockille Md (in this place)	TOWN wood Rockville 19	or X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	1
STREET ADDRESS	7001123	-
3. NAME OF DECEASED: (Type or Print) / / / / / / / / / / / / / / / / / / /	LOTSON OF DEATH: OCT	(Year) 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify)		EAR IF UNDER 24 HRS.  Rys Hours   Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	
work done during most of working life. OR INDUSTRY:	Ohio li	COUNTRY
13. TATHER'S NAME	14. MOTHER'S MAIDEN NAME:	
Derler Dunfar	Esther Starrs	
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Cardis -	respiratory Jailine	30 mm
ANTECEDENT CAUSE (S)	1-1, 111.	0 11
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	lyd artilioselion of	Hadafit
STATING UNDERLYING CAUSE LAST.  (C) FOLLOWING	From Coul obstruction	5 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		0
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
		YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1, 1957, to 10/11, 1957, that I last	saw the deceased
alive on 10/1/, 1953, and that death occurred at	10:30 PM, from the causes and on the date s	
SIGNATURE 2	ADDRESS 1. 20 DAT	E SIGNED
	ERY OR CREMATORY   LOCATION (City, towns or	county) (State)
REMOVAL (SPECIFY) (CT) 1955 LANGUAR	what ha - 0 Pin 90 Pm	sed .
Justice 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 TOWNER DIRECTOR	ADDRESS MA

OCT 14 1955

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TELLIAM DE TILLETSON CONTRACTOR

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RACE: (Specify): Marty   16 0 3 5 yrs. Months Days Howard County   10 0 3 5 yrs. Months Days Howard done during most of working life. even if retired): Months Days Howard done during most of working life. even if retired): Months Days Howard done during most of working life. OR INDUSTRY: New York:  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes. 16) or unik.) (If Yes, give war or dates of service)  16. Social Security No. 17. INFORMANT & ADDRESS: Mr. Ralph L. Vitale, 1716 Corwin Dr. Ralph L. Vitale, 1716 Corwin Dr. None  18. MEDICAL CERTIFICATION  19999  1900  100  100  101  101  102  103  104  105  105  105  107  107  107  108  109  109  109  109  109  109  109	22
1. PLACE OF DEATH:  COUNTY OF THE COUNTY OF	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY (If outside corporate limits, write RURAL and give rearrest county) and give nearrest county) and give nearrest county and give nearrest county and give rearrest county and give rearr	
CITY If outside corporate limits, write RURAL and give respect town) OR and give nearest town) O	867116
TOWN + 6, 772	nearest to
ADDRESS	9556
DECEASED:  (Type or Print)  (Type or Pri	110
Type or Print) # # # # # # # # # # # # # # # # # # #	(Year)
RACE: WIDOWED, DIVORCED   16.03 50 yrs. Months Days Ho  DA. USUAL OCCUPATION (Give kind of working life, even if retired): Wile (Specify): Martine of work done during most of working life, even if retired): Wile (Wile Wile Wile Wile Wile Wile Wile Wile	1900
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):  New York  11. BIRTHPLACE (State or foreign country):  New York  12. CITIZEN New York  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. MOTHER'S MAIDEN NAME:  16. MOTHER'S MAIDEN NAME:  17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. OR INDUSTRY:  19. MOTHER'S MAIDEN NAME:  19. MOTHER'S MAIDEN N	unoer 24 H
work done during most of working life, even if retired):  3. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. ONE  18. MEDICAL CERTIFICATION  19. ONE  1	V OF W
3. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:  15. WAS DECEASED EVER IN U.S. ARMED FORCEST YES. TO OF UNIK.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:  Mr. Ralph L. Vitale, 1716 Corwin Dr.  18. MEDICAL CERTIFICATION  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  199.9  IMMEDIATE CAUSE ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. MAJOR FINDINGS OF OPERATION  198. MAJOR FINDINGS OF OPERATION  10. OTHER SIGNIFICANT CONDITION CAUSING DEATH.  198. MAJOR FINDINGS OF OPERATION  10. OTHER SIGNIFICANT CONDITION CAUSING DEATH.  10. MOTHER'S MAIDEN NAME:  17. INFORMANT & ADDRESS:  Mr. Ralph L. Vitale, 1716 Corwin Dr.  17. INFORMANT & ADDRESS:  Mr. Ralph L. Vitale, 1716 Corwin Dr.  Silver Spring  INTERVAL  ONSET  18. MEDICAL CERTIFICATION  INTERVAL  ONSET  198. MEDICAL CERTIFICATION  INTERVAL  ONSET  198. MEDICAL CERTIFICATION  INTERVAL  ONSET  ONSE	
(A) Marsine Congression (A) Mr. Ralph L. Vitale, 1716 Corwin Dr. Ralph L. Vitale, 1716 Corwin Dr. Silver Spring, Mr. Ralph L. Vitale, 1716 Corwin Dr. Silver Sprin Dr. Silver Spring, Mr. Ralph L. Vitale, 1716 Corwin Dr. Silver	
(Yes. 6) or unk. (If Yes, give war or dates of service)  10. MEDICAL CERTIFICATION  11. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  199.9  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION  200. PER SIGNIFICANT WAS UNDERLYING TO THE DEATH OF THE DISEASE OR CONDITION CAUSING DEATH.  214. ACCIDENT WAS UNDERLYING TO TAKE THE PLACE (Home, farm, factory) 21c, WHERE DID (City or town) (County)	GMC
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  199.9  IMMEDIATE CAUSE  ANTECEDENT CAUSE  OUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION:  198. MAJOR FINDINGS OF OPERATION  20. / YES  Place (Home, farm, factory, 21c, WHERE DID (City or town) (County)	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1999 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION  20. ACCIDENT WAS UNDERLYING TO 218. PLACE (Home, farm, factory, 21c, WHERE DID (City or town) (County)	r.
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  20A. ACCIDENT WAS UNDERLYING TO 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County)	AL BETW
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  MULTIALLE CAUSE  OUE TO  WITHOUTH DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING TO 21B. PLACE (Home, farm, factory, 21c, WHERE DID (City or town) (County)	AND DE
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING TO 21B. PLACE (Home, farm, factory, 21c, WHERE DID (City or town) (County)	who
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C) Mutastatis Cursing the first of the significant conditions contributing to the death but not related to the disease or condition causing death.  19A. Date of operation: 19B. Major findings of operation  20. Major findings of operation 20. Major findings o	
STATING UNDERLYING CAUSE LAST.  (C) MUTASTATICS CARRIED TO THE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING TO 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County)	11000
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 200. A YES  21A. ACCIDENT WAS UNDERLYING TO THE DID (City or town) (County)	art per
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YES	AUTOPS
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County)	NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, onice org., etc. INJURY OCCURY	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1954, to 2017, 1955, that I last saw th	he decea
alive on Oct 17, 1955, and that death occurred at 7.5 FM, from the causes and on the date stated a	
SIGNATURF DATE SIGNI	
Jyanh D. M.D. 90/ Da O. Julier Spring  33 BARTAL CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)	9.16
DEMOVAL (energy)	10
The state of the s	J
REGISTRAN 8-1955 Thurst State Spring	N.Y.

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	9977 CE	RTIFICATI	E OF DEAT	H Reg.	Dist. No. 2
. PLACE OF DEATH:			2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:
COUNTY	fontgomery	MARYLAND	STATE Mary		Montgomery
CITY (If outside corporate of and give neares	porate limits, write RURA	LENGTH OF STAY	· OP	orporate limits, write RUR	AL and give neare
TOWN '	Olney	10Da	тоwn Washi	ngton Grove	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Montg. Co. Gen	. Hosp., Inc.	STREET ADDRESS	(If rural give loca	tion)
	(First) (N	(iddle)	(Last)	4. DATE (Month)	(Day) (Ye
DECEASED: (Type or Print)		Acree	Waddill	DEATH: 10	18 19
SEX: 6. COLOF RACE:	WIDOWED, D		OF BIRTH: 19	. AGE last birthday Month	
work done during most even if retired): Rea	of working life, OF	ND OF BUSINESS	With the state of	State or foreign country):	COUNTRY
FATHER'S NAME:	ZI ED OC OC		Virginia	IDEN NAME:	USA
	Joddill		Sarah Pa	ge Acree	
Walter Wood W		SOCIAL SECURITY NO.	17. INFORMANT 8		
	Zeivewar I'date ar5'	77-03-5852	Ruth W.	Waddill . Wash	ningtonGr
IMMEDIATE CA ANTECEDENT CAU DISEASES OR CONDITION GIVING RISE TO THE A STATING UNDERLYING	JSE (\$)  ONS, IF ANY, ABOVE CAUSE CAUSE LAST.  (C)	Mita Carri	on Dur	of france	Tin 7 da
OTHER SIGNIFICANT					
TO THE DEATH BUT I					'
TO THE DEATH BUT I	TION CAUSING DEATH	DINGS OF OPERATIO			20. AUT
TO THE DEATH BUT I	TION CAUSING DEATH			uin	20. AUT
TO THE DEATH BUT IT DISEASE OR CONDITION OF THE DEATH OF	TION CAUSING DEATH IN: 198. MAJOR FINE COLUMN IDERLYING   218. PL USE OF DEATH IL EXAMINER)	ACE (Home, farm, fac URY street, office bldg.	etory, 21c. WHERE C , etc. INJURY OCCUI	(City or town) (	
TO THE DEATH BUT IT DISEASE OR CONDITION  9A. DATE OF OPERATION  1A. ACCIDENT WAS UN R CONTRIBUTING CAU FEITHER, NOTIFY MEDICAL TIME (Month) (Day)  F INJURY	TION CAUSING DEATH N: 198. MAJOR FINE DERLYING   218. PI USE OF DEATH NL EXAMINER) () (Year) (Hour)   218 Wh at the second control of the second control o	ACE (Home, farm, facury street, office bldg.  INJURY OCCURREI ile Not while at work	etory, 21c. WHERE DINJURY OCCUI	NJURY OCCUR7	County) (S
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DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER CONTRIBUTING CAL  (IF EITHER, NOTIFY MEDICAL  21D. TIME (Month) (Day)  OF INJURY  22. I hereby certify the signature.	IDERLYING DEATH OF INJ	ACE (Home, farm, facury street, office bldg.  INJURY OCCURREI ile Not while at work	21c. WHERE C NJURY OCCUP D 21f. HOW DID I	NJURY OCCUR?  1.1, 19.17, that I he causes and on the d	County) (S
TO THE DEATH BUT IT DISEASE OR CONDITION OF CONTRIBUTING CALLIF EITHER, NOTIFY MEDICAL CONTRIBUTING CALLID. TIME (Month) (Day) OF INJURY  22. I hereby certify the alive on Calling Canada Calling Calling Canada	TION CAUSING DEATH  N: 198. MAJOR FINE  IDERLYING   218. PI  USE OF DEATH  OF INJ  (Year) (Hour)   21e  Wh  at v  that I attended the de  1. 19, and that	ACE (Home, farm, fac URY street, office bldg. INJURY OCCURREI ile Not while work at work ceased from	21c. WHERE C NJURY OCCUP D 21f. HOW DID I	NJURY OCCUR?  Me causes and on the decuty, lux	County) (S  last saw the d date stated above DATE SIGNED  (S)
TO THE DEATH BUT IT DISEASE OR CONDITION  9A. DATE OF OPERATION  1A. ACCIDENT WAS UN R CONTRIBUTING CALLIFE EITHER, NOTIFY MEDICAL ID. TIME (Month) (Day)  15 INJURY  12. I hereby certify the alive on Contributing Callife Contributing Callife Call	TION CAUSING DEATH  N: 198. MAJOR FINE  DERLYING   218. PI  USE OF DEATH  OF INJ  OF INJ  OF INJ  OF INJ  At the standard of the de  OF INJ  AT THE STANDARD OF INJ  AT THE STANDARD OF INJ  ON, DATE THEREOF	ACE (Home, farm, fac URY street, office bldg. INJURY OCCURREI ile Not while work at work ceased from	216. WHERE CONTROL OF THE PROPERTY OF CREMATORY	NJURY OCCUR?  Me causes and on the decuty, lux	County) (S  last saw the d date stated above DATE SIGNED  (S)

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BUREAU V. S.

n)	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	3
7. The	9978 CERTIFICATI	E OF DEATH Reg. Dist. No. 216	
m of information carefully.	1. PLACE OF DEATH:  COUNTY  COUNTY  Bethedg MARYLAND  CITY (If outside opporate limits, write RURAL OR and give negget toyn) TOWN  HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE  COUNTY  CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN  STREET (If rural give location)  ADDRESS 6011- CONWAY ROAD	wn)
of in	3. NAME OF (First) (Middle) DECEASED: (Type or Print) ROSPANA	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 10 21 1950	
ite	RACE: WIDOWED DIVORCED,	9. AGE last birthday   If UNDER 1 YEAR   If UNDER 24 H   Hours   M	in.
pply every the causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewele	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHO COUNTRY?	TA
	13. FATHER'S NAME: JULIUS B. SMITH	THERINA C. HUNTINGTON	
K. wri	(Yes, no, or unk.) (If Yes, give war or dates of service)	CATHERINE V. NADE BETHESDA	74.
ITH UNFADING Physicians: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	MALIAN BEIM	ATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ulity	
Tra .	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	YES NO	77
TE	21A. ACCIDENT WAS UNDERLYING DON'S PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		
VRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	

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930 to 22. I hereby certify that I attended the deceased from /C that I last saw the deceased A M, from the causes and ADDRESS. alive on on the date stated above. SIGNATURE DATE SIGNED M. D 23. BURIAL, CREMATION, BEMOVAL (SPECIFY) name of cemetery LOCATION OR CREMATORY (Gity, town, or county)

correct PLEASE DATE REC'D

21D. TIME (Month) (Day) (Year) OF INJURY

LOCAL

at work

21E INJURY OCCURRED While Not while

at work

PIRECTOR

ADDRESS

Der. Broschart was notified and approved this certificale Traveis Hollins

BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 223 1

0000	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY MONTGOMERY MARYLAND	STATE Mary and COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside dorporate limits, write RURAL and give neafest town)
OR and give nearest town) (in this place)  7 TOWN To Koma Park  2 days	OR TOWN Takoma Park 17
HOSPITAL OR Washington Sanitarium &	STREET (If rural give location)
STREET ADDRESS	1 511 Philadelphia Ave
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) = doa Kuth W	lalker DEATH: 10 2 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): May (10)	OF BIRTH:  9. AGE last birthday  Months Days  Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jaho Hanner	Mary E. Lewis
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	11 I R I
/ No	Hospital Decords
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONSET AND DEATH
11114 X	
IMMEDIATE CAUSE (A) Juniol &	conchi precumoner and days
ANTECEDENT CAUSE (S)	infaction of lung
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	I heart failed month
STATING UNDERLYING CAUSE LAST.	- 110 1 11 1 10:
(c) Meusnat	ie aloular beat byears 50 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	it bodina Endocardite 5 days
DISEASE OR CONDITION CAUSING DEATH.	N 20. AUTOPSY?
2	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9.	5 19 to Oct 2 , 19 5, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
Sydney Leverthal, M	1.0. filece sking med. Oct 2, 1400
	ERYOR CREMATORY LOCATION (City, town, or county) (State)
Burial 10/5/55 Rock Creek	Cemetery Washington, D. C.

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 2 17

201		TIFICATE OF DEATH No. 2.17			
3	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED;			
	COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery			
<u>.</u> g	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest tow	wn)		
leg	OR and give nearest town)  (in this place)  (TOWN)  Olney  42 days	TOWN Germantown			
the causes of death clearly and legibly.	HOSPITAL OR Montgomery County INSTITUTION OR General Hospital, Ind	STREET (If rural, give location)  Route 1			
clearl	3. NAME OF (First) (Middle) DECEASED: (Type or Print) William	(Last) 4. DATE (Month) (Day) (Year) OF DEATH October 16 19 55			
leath	Male White WIDOWED, DIVORCED, (Specify): Married 9/2	28/68   8'/ yrs.	lin.		
Jo to	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) 1 redriver   10b. KIND OF BUSINESS OF INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W COUNTRY?  Warvland	TAIIV		
13es	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Cal	William Waters	Rebecca Miller			
he	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:			
te t	service)	Hospital Record			
e write th	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION  INTERVAL BETWO			
please	Immediate cause (a) Julinmay	Thranbosis sudde			
5	Antecedent cause(s) Throm to - Still	elitis 2 well			
ian	Diseases or conditions, if any, (b)		77.		
PSG.F	distating underlying cause last (c)				
t. Physicians: p	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FRACTURE DISEASE OR CONDITION CAUSING DEATH.	Rt hip 9-3-57	·-		
WITH ortant	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY Yes \( \) No			
, Q1	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	" Germantern Monty mo			
E PLAINLY especially im	2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF Not while at work ☐ at work ☐ at work ☐	Feel at home			
Spe	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [2], Inquiry [2]				
ITE is es	find that death resulted from: Natural causes , Accid	dent □, Suicide □, Homicide □, Undetermined cause  CHIEF MEDICAL EXAMINER □ DATE SIGN	NED.		
Nank V merefront M. D. ASSISTANT MEDICAL EXAM. 1 /0-/6					
					ASE
PLE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Ernest C. Gartner. Gaithersburg. 1			
P.	REG. 10-19-55- Gestunde B Lawler	Truest O. darener. darenerspark.	ITI CI		

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VS. A15A - 5 - 53

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MUREAU V. S.

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# Items 8,13,14

## **CERTIFICATE OF DEATH**

Items 8,13,14 FilmG188 10-31-55 et	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY
, COUNTY montes tomes us MARYLAND	STATE COUNTY
CITY (If outside corporate fimits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR	STREET (If rural, give location)
X STREET ADDRESS Pt 2, Columbia Ped	ADDRESS 3808 Do Kemper Std
3. NAME OF (First) (Middle) DECEASED (Type or Print) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (October 23 19)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Large 1971 Color of the	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Months. Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Authorized the state of the s	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Weingarden	Esther Englander
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS- Walter
(Yes, no, or unknown) (If year, give war or dates of service)	my contres Herry din with sund
1 1/11	The second secon
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) All Manual Leading to Death	RTIFICATION  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
Antecedent cause(s)	dalsola il asterio aderais
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	a way sow a way exerces
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	referosis (Cerebral) broughton templing
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No C
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE SUICIDE HOMICIDE SUICIDE SUICIDE SUICIDE SUICIDENT OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF   While at   Not While   INJURY   m.   Work   At work	And the Late of the Control of the C
N 1 / 10	1-47- 1112 ton 1-1-
22. I hereby certify that I attended the deceased from	O, 192B, to U.S. A.3, 19 L., that I last saw the deceased
alive on 27, 19, 3, and that death occurred at SIGNATURE	ADDRESS DATE SIGNED
White Myerelan	1 ( Pal ) Crap ( an 11 map 11 10 - 2 - 34
23. BURIAL, CREMATION DATE REMOVAL (Specify) ach. 23, 1955 Name OF CEMETE June Paris ach. 23, 1955 Neston Si	RY OR CREMATORY (LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 BUNERAL DIRECTOR // ADDRESS
REG. 24-55 Frances Totter	Yaldhera Fineral Home, 4217-9 th st. nw





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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 215 legibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: District of Godwinbia Montgomery MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate fimits, write RURAL and give nearest town) and and give nearest town) (in this place) OR information TOWN TOWN Washington, D.C. Bethesda Rural days (If rurai give location) clearly HOSPITAL OR STREET ADDRESS INSTITUTION OR STREET ADDRESS 1627 I Street N.W. U. S. Naval Hospital (Middle) (Last) DATE (Month) (Day) (Year) NAME OF death Jo DECEASED: October 1955 Engelbert WELTE DEATH: (Type or Print) Herman item SINGLE, MARRIED, 8. DATE OF BIRTH: 5. SEX: COLOR OR | 7. 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Days Hours (Specify): Widowed 2yrs. Male every IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? FOR BINDING even if retired): Indiana Mariner Retired Mariner Supply 14. MOTHER'S MAIDEN NAME: 0 13. FATHER'S NAME: th Mary STUEMPFLE Leonhard WELTE 17. INFORMANT & ADDRESS: Sister Miss Margurite WELTE IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IS SOCIAL SECURITY NO. INK. (Yes, no, or unk.) (If Yes, give war or dates 3230 Woodley Rd., N.W. Washington, D.C. of service) WW I Unknown Yes 18. MEDICAL CERTIFICATION ea NG RESERVED I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DI A IMMEDIATE CAUSE UNF DUE TO ANTECEDENT CAUSE (S) (B) DISEASES OR CONDITIONS, IF ANY, WITH GIVING RISE TO THE ABOVE CAUSE DUE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. E imp 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION AUTOPSY? NO T PL especially 21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (County) 21c. WHERE DID (City or town) (State) RITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work 2 22. I hereby certify that I attended the deceased from 30 Sept., 19 55 to 5 Oct., 19 55, that I last saw the deceased 0 TYPE , and that death occurred at 12:40PM, from the causes and on the date stated above. alive on SIGNATURF S. Naval Hospitale, NNMC, Bethesda, Maryland SE NAME OF CEMETERY OR CREMATORY 23. BURIAL, OREMATION, REMOVAL (PECIFY) LOCATION (City, town, or county) Arlington National Cemetery Arlington, Virginia Burial BEGISTRAR'S SIGNATURE 2R FANERAL DIRECTO Funeral Home DATE REC'D BY LOCAL REGISTRAR 7557 Wisconsin Aventue, Bethesda, Maryland 6 Oct 19

PERSON NAMED OF THE PERSON OF

BUREAU V. S.

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DECENTED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	OOFO CERTIFICATE	OF DEATH Reg. Dist. No. 2 23-
bly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY Mant Gamery MARYLAND  CITY (If outside corporate limits) write RURAL LENGTH OF STAY (in this place)  TOWN (Atoma Park Says)	STATE Mary and COUNTY Montgomery CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
clearly	7 5 STREET ADDRESS Washington San of Hospital	STREET ADDRESS 835 Slico Creek Parkway
death	DECEASED: (Type or Print)  5. SEX: [6. COLOR OR 17. SINGLE, MARRIED.   8. DATE OF	A. DATE (Month) (DHY) (Year)  OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
s of	Female Wilder (Specify) Married Nov. 5-1	1918 36 yrs. Months Daya Hours Min.
causes	work done during most of working life.  or industry:  even if retired):  but  own home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
te the	Stewart Good	Octavie Wheelbarger
se write	(Yes, no, or unk.) (If Yes, give war or dates of service)	Hosp. records Washington San & Hosp.
lease	18. MEDICAL CERTIFICATIO	
lg :su	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  204,  IMMEDIATE CAUSE  (A)  Original	time Heart Failure Terminal
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	Infiltration of Lungo 10 days
	STATING UNDERLYING CAUSE LAST.  (C) Chronic My	4 ologenous Centenia hire years
important	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
especially	21A. ACCIDENT WAS UNDERLYING   CR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., et	
is esi	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
86	22. I hereby certify that I attended the deceased from	, 1951, to well 4, 1953, that I last saw the deceased
rrect a	alive on 1953, and that death occurred at 10 SIGNATURE	M, from the vauses and on the date stated above.  ADDRESS  Park  M. J.
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (SPECIFY)	

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Physicians:

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23. BURIAL. REMOVAL Burial

DATE REC'D BY LOCAL DECISION 23,1955

REGISTRAR'S SIGNATURE

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nnon	TE OF DEATH  Reg. Dist. No. 215
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE D.C. COUNTY Washington, D.C.
XCITY (If outside corporate liBathesdauRAL LENGTH OF ST (in this place and give nearest town)  Rugonia U.S. Naval Hospital  LENGTH OF ST (in this place 31 Days)	TAY CITY(If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET (If rural give location) ADDRESS 6507 Piney Branch Road, NW
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles Henry	WHITBECK  4. DATE (Month) (Day) (Year) OF OCT 23 19
	13-1896  9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
work done during most of working life. even if retired): GOVU-DETVICE  NOTE TO BUSINESS OR INDUSTRY: Pharmaceuticals	New York   11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
13. FATHER'S NAME: John W. WHITBECK	14. MOTHER'S MAIDEN NAME: Eugene LATOUR
(Yes, TYCS unk.) (If Yes, give WWID dates 327 03 6042	E. WHITBECK, 6507 Piney Branch Rd . Wash.D.C.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ACCUSE  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	Myocardeal Inforction 5 min 5 min
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA	TION 20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office b (if either, notify medical examiner)	
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCUR While Not while at work	RED 21F. HOW DID INJURY OCCUR?
J. D. MILLERICK, LTJG MC USNR, U.S. Naval 1	n, 19, to
Burial (SPECIFY) Oct 26,1955 Cedar Hil	

24. FUNERAL DIRECTOR S.H. Hines, 2901 14th St., NW, Wash., D.C.

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18	09991
0001	CEDMENC AND OR DEADY		27

	9984 CERTIFICATE	OF DEATH	Reg. Dist. No. 276
gibly.	1. PLACE OF DEATH:  COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOM	E) OF DECEASED:
and le	CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limit OR	its, write RURAL and give nearest town)
clearly and legibly	HOSPITAL OR JUNE TITUTION OR STREET ADDRESS Suburban Hospital	STREET (If r ADDRESS 4213 (	nation partial give location)
death c	DECEASED: (Type or Print)  DOY15  C. W.	Last) 4. DAT	10- 0
of	Tellare inviter	6,1955	rthday   IF UNDER I YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Mary and  14. MOTHER'S MAIDEN NAM.	gn country): 12. CITIZEN OF WHAT
ite the	13. FATHER'S NAME:    Uilliam   Quilliam     15. WAS DECEASED EVER IN U.S. ARMED FORCES!   15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	Ricker
please write	(Yes, no, or unk.) (If Yes, give war or dates of service)	140spital	Records.
lea	18. MEDICAL CERTIFICATI	ON /	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A) Mussive A	Idrene / Hemorrha	onset and death
Physicians	ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, (B)	0	48 /2:
	STATING UNDERLYING CAUSE LAST. (C) Mal M	sition (Left Sco	yacla Aut) 49 hrs.
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	infant was the s	econd of Turins.
	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		
is es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
age		425A.M, from the causes a	nd on the date stated above.
correct	SIGNATURE A. L. Linduran M. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE		DATE SIGNED  OCL 5, 1955  ON (City, town, or county) (State)
	REMOVAL (SPECIFY)		and, Maryland
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 10 1015	PUNIFICAL DIRECTOR	ADDRESS ADDRESS Md.
	The state of the s	to the same of the	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

## 9985

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

09992

item 1, Filmdido 10-31-33 et		- (
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	7
COUNTY MARYLAND MARYLAND	STATE COUNTY	mar. l.
CITY (If outside corporate limits, water RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) of // (in this place)	OR /	o dearest sond)
Townwheaton, 3/2 Gus	TOWN Villa Mill	X
HOSPITAL OR HOME 12212 Deleveed Drive	STREET (If rural, give location)	/
INSTITUTION OR Home- 12312 Dalewood Drive	12312 Valeur	nd 10a
3. NAME OF (First) (Middle)	(Last)   14. DATE (Month)	(Day) (Year)
DECEASED	OF /	23 1955
(Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last hirthday   If under	
WIDOWED, DIVORCED.	Months !	l year   If under 24 hrs. Days   Hours   Min.
(Specify) (MAC)	1-13-18/91/6 yrs.	
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	(/0/	COUNTRY /
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	13/30
11. Ma 10.11 a	14. 97/2	
The Bridge of the Marian No.	IN INVOICEMENT TO THE	new
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, of unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
service)	123/2 Laleu sorll	
I8. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
		ONSET AND DEATH
420,0 asleroscherote	a Heart Disease	3 years
Immediate cause (a)		
Antecedent cause(s)		0
Diseases or conditions, if any. (b)		
giving rise to the above cause		
atating the underlying cause last		
900 A (c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	as Olitus	11 months
related to the disease or condition causing death.	hellilis	11 monus
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.)	(0.11 0.10 (0.11)	(OIAID)
HOMICIDE INJURY	HOW DID INTUDY OCCUPS	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
70.0124	CV 10-5 13 CC	
22. I hereby certify that I attended the deceased from Nov. 2 >	, 1937, to 99, 43, 1933, that I last so	aw the deceased
alive on QQ. 23 10 55 and that death occurred at Y	20 6	
anve on, 13.2, and that death occurred at	:30 a.m., from the causes and on the date sta	ated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
William J. Melman M.D., 10616d	oran aut. Silver Spring lud. O	A.23 1900
	// // //	1 130 -
THE COURT OF 10 10 10 1		
Westowed 10 chos of court illi		le in
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1 REG. 24 55 Frances Stee	MIN Suntamans Son	
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OCT 27 1955

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(19993 Reg. Dist. No. 216

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	7

	HEALTH—BALTIMORE, 18	Reg. Dist.	
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 216	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Montgomery MARYLAND	STATE COUNTY	471 3	
OR and give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL (in this place)  (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN	give nearest town)	
HOSPITAL OR INSTITUTION OR 5320 Sunset La. (Renured)	STREET ADDRESS 863 (If rund, give location)	ave. y. W.	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Howard (Middle)	(Last) 4. DATE (Month) (Day OF DEATH (Lef 4	(Year) 195-5	
5. SEX: 6. COLOR OR RACE: VIDOWED, DIVOROED, (Specify): Marking (Speci	8, Wonths Da		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  10b. KIND OF BUSINESS O INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
15. WAS DECEASED EVER IN U.S. ARMED FORCES 1 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	17 INFORMANT & ADDRESS: 1803	Vermont	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO  Antecedent cause(s)	Occlusem	INTERVAL BETWEEN ONSET AND DEATH OSCILLATION	
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?	
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc CAUSE OF DEATH.	2.,	(State)	
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED While at Not while INJURY   M.   work   at work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains described above, held an Autopsy   , Inspection   , Inquiry   , and find that death resulted from: Natural causes   , Accident   , Suicide   , Homicide   , Undetermined cause   .  SIGNATURE  SIGNATURE  M. D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.  DATE SIGNED  DATE SIGNED  ASSISTANT MEDICAL EXAM.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 14 / 4 / C	Tun, Home Washing or co	ADDRESS	
19133 Bearl M. Thompson		ma.	

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Physicians:

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REGISTRAR

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

# PLAINLY, A15 - 10 - 53 PLEASE VS.

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MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 U	3334
9987 CERTIFICATE	E OF DEATH Reg. Dist. I	vo. 214
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY MENTYUMLY MARYLAND	STATE Maryland COUNTY Monty	omen.
CITY (If outside corporate limits, write RURAL and give nearest town)  TOWN  (in this place)	CITY(If outside corporate limits, write RURAL and OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) DECEASED: (Type or Print) - OTTIL Frances	(Last) 4. DATE (Month) (Day OF DEATH: Oct /	)\ ,-,-
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Willow aug	9. AGE last birthday IF UNDER 1 YEAR  9. AGE last birthday Months Days  4 4 yrs. 2 3	-
work done during most of working life, even if retired):	1) IA W IAILA	TIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0
Josher Tescher	holle trunces tes	her
(Yes, no, or unk.) (If Yes, give war or dates of service)	Truces Joelson hud	in mel
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
IMMEDIATE CAUSE (A) Churu	ic Myo Cardelles	14 moultes
ANTECEDENT CAUSE (S)	1 + + + 0 + 4	a.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	justo entertend track	& moulty
(c) General	Caremona loses	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	7-1	20. AUTOPSY?
Mach 1955 Ca Colon, metast	oses lo feuer	YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	(State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from au 9	, 1954, to Oct, 1953 that I last sa	w the deceased
SIGNATURE A COURT	10 P. M, from the causes and on the date standards  ADDRESS  DATE  O. 6 / RSL VI &	signed above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	TRY OR CREMATORY   COCATION (City, Lown, or co	dnty) (State)

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	DEI HIVE HELVE	OI.	ILDITETIT DILL	IIIIOIth
CEL	RTIFICATE	OF	DEATH	Res

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Reg.	Dist.	No.	0/	D

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ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
gib	county Montgomery MARYLAND	STATE Maryland county Montgomery			
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest to	wn)		
put	X OR and give nearest town)  Town Bethesda  (in this piace)	or Town Fairway Hills			
A	HOSPITAL OR	STREET (If rural give location)	_		
ar	HINSTITUTION OR SUBURBAN HOSpital	6201 Benalder Dr.			
cle		(Last) 4. DATE (Month) (Day) (Year)	_		
death clearly and legibly	DECEASED: 0/ 1/	7 / OF			
dea	(Type or Print) HIM A HALE.  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE		D.C.		
of	FRACE: WIDOWED, DIVORCED, (Specify): W		in.		
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH	TAF		
an	even if retired): Now if e Own Home	PENNA. IIS			
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
write the	? Hafer	Maria Bechtel			
rite	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
	(Yes, no, or unk.) (If Yes, give war or dates None	Mes ANNE KUELNE BAME			
please	18. MEDICAL CERTIFICAT				
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DE	ATH		
20	IMMEDIATE CAUSE (A) Conche	na Jasenson Ceaning			
an	DUE TO		_		
sici	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, (B)				
Physicians:	GIVING RISE TO THE ABOVE CAUSE DUE TO				
	(C)				
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		_		
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
upo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPS)	Y 2		
	D	YES NO	2		
especially	21A. ACCIDENT WAS UNDERLYING \( \) 21B. PLACE (Home, farm, factory. OR CONTRIBUTING \( \) CAULUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factory. OF INJURY Street, office bldg., etc. INJURY OCCUR?				
espe	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
OF INJURY  M. While Not while at work at work					
	22. I hereby certify that I attended the deceased from	14, 1955 to 10, 10, 1965 that I last saw the decea	sed		
age	alive on Oct				
ct	SIGNATURE	ADDRESS DATE SIGNED	-		
correct	Harald W. Elsman M	. D. 5707 wereening and 10/101	级		
00			ate)		
	Burial-Transit 10-10-55 Allenbach	Burks County, Pennsylv	an		
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL REGIOR ADDRESS			
	REGISTRAR, 0/10/55 Bracio M Hama hama	When the Nambre Bethards M.	A		



Marille 12 June 12 July 18 Marille